| Case 16-17842 Doc 1 | Filed 05/27/16 | Entered 05/27/16 13:37:45 | Desc Main |
|-------------------------------------------------|--------------------------------------------|---------------------------|------------------------------------|
| Fill in this information to identify your case: | | age 1 of 77 | |
| United States Bankruptcy Court for the: | | | |
| Northern District of: Illinois (State) | <u> </u> | | |
| Case number (if known) | Chapter you are filing under: | | |
| | Chapter 7 Chapter 11 Chapter 12 Chapter 13 | | Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| P | art 1: Identify Yourself | | |
|----|---------------------------------------------------------------------|----------------------------|-----------------------------------------------|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | . Your full name | Lucinda | - |
| | Write the name that is on | First name | First name |
| | your government-issued picture identification (for | Middle name | Middle name |
| | example, your driver's | House | |
| | license or passport | Last name | Last name |
| | Bring your picture identification to your meeting with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| 2. | . All other names you | Lucinda | |
| | have used in the last | First name | First name |
| | 8 years | | |
| | | Middle name | Middle name |
| | Include your married or maiden names. | Jackson | |
| | maidennames. | Last name | Last name |
| | | Lucinda | |
| | | First name | First name |
| | | Middle name | Middle name |
| | | Kennedy | |
| | | Last name | Last name |
| 3. | Only the last 4 digits of your Social | XXX - XX- 8179 | xxx - xx- |
| | Security number or | OR | OR |
| | federal Individual Taxpayer Identification number (ITIN) | 9 xx - xx- | 9 xx - xx- |

Lucinda Case 16-17842 Doc 1 Filed 05/12/27/16 Entered 05/27/166/163/37:45 Desc Main Debtor 1 Page 2 of 77 Document Document **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): 4. Any business names I have not used any business names or EINs. I have not used any business names or EINs. and Employer Identification Business name Business name Numbers (EIN) you have used in the last 8 years Business name Business name Include trade names and EIN EIN doing business as names EIN EIN 5. Where you live If Debtor 2 lives at a different address: 1378 Price Ave Number Street Number Street Calumet City 60409 Illinois City State Zip Code City State Zip Code Cook County County If your mailing address is different from the one above, fill If Debtor 2's mailing address is different from yours, fill it in it in here. Note that the court will send any notices to you at this here. Note that the court will send any notices to this mailing mailing address. address. Number Street Number Street City Zip Code State City State Zip Code 6. Why you are Check one: Check one: choosing this Over the last 180 days before filing this petition, I have lived district to file for Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. in this district longer than in any other district. bankruptcy I have another reason. Explain. (See 28 U.S.C. §§ 1408.) I have another reason. Explain. (See 28 U.S.C. §§ 1408.)

Debtor 1 Lucind Case 16-17842 Doc 1 Filed 05/2016 Entered 05/2016 (1/2016) Page 3 of 77

Page 3 of 77 Tell the Court About Your Bankruptcy Case Part 2: 7. The chapter of the Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form **Bankruptcy Code** B2010)). Also, go to the top of page 1 and check the appropriate box. you are choosing to Chapter 7 file under Chapter 11 Chapter 12 Chapter 13 8. How you will pay the ☑ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local fee court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order... If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. 9. Have you filed for □ No. bankruptcy within the last 8 years? Yes. District Northern District of Illinois When 10/17/2011 Case number MM / DD / YYYY District When Case number District _____ When Case number MM / DD / YYYY 10. Are any bankruptcy ✓ No. cases pending or being filed by a Yes, Debtor Relationship to you spouse who is not When District Case number, if known filing this case with you, or by a Debtor Relationship to you business partner, or District Case number, if known by an affiliate? 11. Do you rent your No. Go to line 12. residence? Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence? No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with

this bankruptcy petition.

Lucinda Case 16-17842 Doc 1 Filed 05/42/416 Entered 05/27/116/113:37:45 Desc Main Debtor 1 Page 4 of 77 Document of the Document of th Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole ◪ No. Go to Part 4. proprietor of any full- or part-time Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. Chapter 11 of the If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow **Bankruptcy Code** statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). and are you a small business debtor? No. I am not filing under Chapter 11. For a definition of No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the small business debtor, Bankruptcy Code. see 11 U.S.C. § Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. 101(51D). Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have ◪ No. any property that poses or is alleged Yes. What is the hazard? to pose a threat of imminent and identifiable hazard to public health or If immediate attention is needed, why is it needed? safety? Or do you own any property that needs immediate attention? Where is the property? For example, do you Number Street own perishable goods, or livestock that must be fed, or a building

that needs urgent

repairs?

State

City

Zip Code

Lucinda Case 16-17842 Filed 05/2416 Entered 05/27/16 /163/37:45 Desc Main Doc 1 Debtor 1

Page 5 of 77

Explain Your Efforts to Receive a Briefing About Credit Counseling Part 5:

Active duty.

counseling with the court.

15. Tell the court whether you have received briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: I received a briefing from an approved credit I received a briefing from an approved credit counseling agency within the 180 days before I filed this counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of bankruptcy petition, and I received a certificate of completion. completion. Attach a copy of the certificate and the payment plan, if any, Attach a copy of the certificate and the payment plan, if any, that you developed with the agency. that you developed with the agency. I received a briefing from an approved credit I received a briefing from an approved credit counseling agency within the 180 days before I filed this counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of bankruptcy petition, but I do not have a certificate of completion. completion. Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment plan, if any. plan, if any. I certify that I asked for credit counseling services from I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those an approved agency, but was unable to obtain those services during the 7 days after I made my request, and services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver exigent circumstances merit a 30-day temporary waiver of the requirement. of the requirement. To ask for a 30-day temporary waiver of the requirement, To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required filed for bankruptcy, and what exigent circumstances required you to file this case. you to file this case. Your case may be dismissed if the court is dissatisfied with Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for your reasons for not receiving a briefing before you filed for bankruptcy. bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your payment plan you developed, if any. If you do not do so, your case may be dismissed. case may be dismissed. Any extension of the 30-day deadline is granted only for cause Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: I have a mental illness or a mental Incapacity. Incapacity. I have a mental illness or a mental deficiency that makes me incapable of deficiency that makes me incapable of realizing or making rational decisions realizing or making rational decisions about finances. about finances. Disability. My physical disability causes me to be Disability. My physical disability causes me to be unable to participate in a briefing in unable to participate in a briefing in person, by phone, or through the person, by phone, or through the internet, even after I reasonably tried to internet, even after I reasonably tried to

Active duty.

counseling with the court.

I am currently on active military duty in a

military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit

I am currently on active military duty in a

military combat zone. If you believe you are not required to receive a briefing about

credit counseling, you must file a motion for waiver of credit

Lucinda Case 16-17842 Doc 1 Debtor 1 Page 6 of 77 **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) 16. What kind of debts as "incurred by an individual primarily for a personal, family, or household purpose." do you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? after any exempt property is excluded No. and administrative Yes. expenses are paid that funds will be available for distribution to unsecured creditors? **√** 1-49 1,000-5,000 25,001-50,000 18. How many creditors 5,001-10,000 50,001-100,000 50-99 do you estimate that 10,001-25,000 More than 100,000 you owe? 100-199 200-999 **✓** \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 19. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your assets \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion to be worth? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion liabilities to be? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true For you and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. x /s/ Lucinda House Signature of Debtor 2 Signature of Debtor 1 Executed on 5/27/2016 Executed on

MM / DD / YYYY

MM / DD / YYYY

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

X

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| prrect. | , | | |
|----------------------------------|----------|----------------|---------------------|
| /s/ Alex Nohr | | Date 5/27/2010 | 6 |
| Signature of Attorney for Debtor | | MM / DD / Y | YYY |
| Alex Nohr | | | |
| Printed name | | | |
| Semrad Law Firm | | | |
| Firm name | | | |
| 11101 S. Western Avenue | | | |
| Street | | | |
| Chicago | Illinois | | 60643 |
| City | State | | Zip Code |
| Contact phone | | Email address | ANohr@SemradLaw.com |
| Bar number | | State | |

| Debtor 1 Lucinda ase 10-1/84 | <u> </u> | FIIEU ODMZUS#10 | <u>Entered</u> was | (e∠nµn<u>b</u>€0 (i£købvøb / . <u>45</u> | Desc Main | |
|--------------------------------------|--------------------------|-------------------|--------------------|--------------------------------------------------|-----------|--|
| First Name | Middle Name | Document Document | Page 8 of 77 | 7 | | |
| | | Document | i age o oi i i | | | |
| Additional Page | | | | | | |
| | | | | | | |
| 2. All other names you have | Lucinda | | | | | |
| - | First name | | | | | |
| used in the last 8 years | i iist iiaiiie | | | | | |
| | | | | | | |
| | MC al all a conservation | | | | | |
| Include your married or maiden names | i, iviidale name | | | | | |
| | Stewart | | | | | |
| | Siewait | | | | | |
| | Last name | | | | | |

Fill in this information to identify your case: Debtor 1 Lucinda House First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois (State) Case number (If known) Check if this is an amended filing Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page. **Summarize Your Assets** Your assets Value of what you own 1. Schedule A/B: Property (Official Form 106A/B) \$0.00 1a. Copy line 55, Total real estate, from Schedule A/B..... \$1,350.00 1b. Copy line 62, Total personal property, from Schedule A/B \$1,350.00 1c. Copy line 63, Total of all property on Schedule A/B..... Summarize Your Liabilities Your liabilities Amount you owe 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) \$5,000.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F...... \$3,301.19 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... \$8,301.19 Your total liabilities Summarize Your Income and Expenses 4. Schedule I: Your Income (Official Form 106I) \$4.599.27

5. Schedule J: Your Expenses (Official Form 106J)

Copy your combined monthly income from line 12 of Schedule I.....

Copy your monthly expenses from line 22, Column A, of Schedule J.....

\$4,349.00

Debtor 1 Lucind Case 16-17842 Doc 1 Filed 05/20/16 Entered 05/20/166/2037:45 Desc Main
First Name Docume Name Docume Name Page 10 of 77

| Par | t4: Answer These Questions for Administrative and Statistical Records | | | | | | | | |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------|--|--|--|--|--|--|
| 6. / | Are you filing for bankruptcy under Chapters 7, 11, or 13? | | | | | | | | |
| | No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. | | | | | | | | |
| | ✓ Yes. | | | | | | | | |
| 7. \ | What kind of debt do you have? | | | | | | | | |
| | Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primfamily, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. | | | | | | | | |
| | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. C this form to the court with your other schedules. | heck this box and submit | | | | | | | |
| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Copy 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | Official | \$7,175.14 | | | | | | |
| 9. | Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: | | | | | | | | |
| | From Part 4 on Schedule E/F, copy the following: | Total claim | | | | | | | |
| | 9a. Domestic support obligations (Copy line 6a.) | \$0.00 | | | | | | | |
| | 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$5,000.00 | | | | | | | |
| | 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$0.00 | | | | | | | |
| | 9d. Student loans. (Copy line 6f.) | | | | | | | | |
| | 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | | | | | | | | |
| | 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | \$0.00 | | | | | | | |
| | 9g. Total. Add lines 9a through 9f. | \$5,000.00 | | | | | | | |

| | Case 16-17842 | | Filed 05/27/16 | <u>Entered 05/2</u> 7/16 | 13:37:45 | Desc Main |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------|----------------------------------------|---------------------------------------------------------------|
| Fill in this | information to identify your case: | | | | | |
| Debtor 1 | Lucinda | | House | e | | |
| | First Name | Middle | Name Last N | _ | | |
| Debtor 2 | | | | | | |
| (Spouse, | if filing) First Name | Middle | Name Last N | lame | | |
| United St | ates Bankruptcy Court for the: | Northern | District of II | linois | | |
| Orinted Ot | ates barillaptey countries the. | HOLLICITI | | State) | | |
| Case nun | nber | | ` | <u> </u> | | |
| (If known) | | | | | | |
| Officia | al Form 106A/B | | | | | Check if this is an amended filing |
| | | | | | | arriorided ming |
| <u>Sche</u> | dule A/B: Prope | rty | | | | 12/ |
| esponsib vrite your Part 1: 1. Do you | where you think it fits best. Be ble for supplying correct inform name and case number (if kno Describe Each Residend u own or have any legal or equ | nation. If more s own). Answer ev ce, Building, | space is needed, attach ery question. Land, or Other Rea | a separate sheet to this form I Estate You Own or Ha | . On the top of ar | ny additional pages, |
| ✓ | No. Go to Part 2 | | | | | |
| | Yes. Where is the property? | | | | | |
| | | | What is the property | | | cured claims or exemptions. Put secured claims on Schedule D: |
| 1.1 | Street address, if available, or o | other description | Single-family home | | | ave Claims Secured by Property. |
| | | • | Duplex or multi-uni Condominium or co | · · | Current value o | f the Current value of the |
| | | | Manufactured or m | • | entire property? | |
| | | | Land | Jolie Horrie | | |
| | Number Street | | Investment property | l | Describe the nat | ture of your ownership |
| | | | Timeshare | | interest (such as | s fee simple, tenancy by a life estate), if known. |
| | City State | Zip Code | - Other | | —————————————————————————————————————— | a me estate), ii known. |
| | | | Whe has an interest | in the muchantus Charleson | 011-1641-1 | |
| | | | Debtor 1 only | in the property? Check one. | (see instruc | s is community property tions) |
| | | | Debtor 2 only | | Ц, | |
| | | | Debtor 1 and Debtor | or 2 only | | |
| | | | | debtors and another | | |
| | | | _ | u wish to add about this item | n, such as local | |
| If you | own or have more than one, list he | ere: | | | | |
| | | | What is the property | | | cured claims or exemptions. Put |
| 1.2 | Street address, if available, or o | ther description | Single-family home | | | secured claims on Schedule D: ave Claims Secured by Property. |
| | , or addition, if available, of c | | Duplex or multi-uni | · · | Current value o | , , |
| | | | _ Condominium or co | ' | entire property? | |
| | | | Manufactured or m | obile home | | - - |
| | Number Street | | _ Land | | Describe the nat | ture of your ownership |
| | . 13.11.50. | | Investment property Timeshare | ' | interest (such as | fee simple, tenancy by |
| | City State | Zip Code | Other | | the entireties, or | a life estate), if known. |
| | - , | | | | - | |
| | | | | in the property? Check one. | | s is community property |
| | | | Debtor 1 only | | (see instruc | tions) |
| | | | Debtor 2 only | | | |
| | | | Debtor 1 and Debto | • | | |
| | | | At least one of the o | lebtors and another | | |
| | | | Other information yo property identification | u wish to add about this item on number: | n, such as local | |

| Debtor 1 Lucinda Case 16-17842 Doc 1 First Name Middle Name | Filed 05/22/16 Entered 05/27/16 | Maaa37: <u>45 Desc Main</u> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.3 Street address, if available, or other description | Documes name Page 12 of 77 What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Current value of the entire property? Current value of the portion you own? |
| Number Street City State Zip Code | Investment property Timeshare Other | Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known. |
| | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Check if this is community property (see instructions) |
| | Other information you wish to add about this item, property identification number:all of your entries from Part 1, including any entries fre | or pages |
| Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest you own that someone else drives. If you lease a vehicle, al 3. Cars, vans, trucks, tractors, sport utility vehicles, motoro | so report it on Schedule G: Executory Contracts and Unexp | |
| ✓ No ☐ Yes | | |
| 3.1 Make Model: Year: Approximate mileage: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Current value of the Current value of the |
| Other information: | Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | entire property? portion you own? |
| 3.2 Make | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. |
| Other information: | Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | Current value of the entire property? |

| ebtor 1 | | Filed 05/27/16 Entered 05/27/11 | മെഷ്&‰37: <u>45 Des</u> | <u>c Main</u> | |
|---------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| | First Name Middle Name | Document Page 13 of 77 | | | |
| 3.3 | Make | Who has an interest in the property? Check | | laims or exemptions. Put | |
| | Model: | one. | • | ed claims on Schedule D: | |
| | Year: | Debtor 1 only | Creditors Who Have Cla | nims Secured by Property. | |
| | Approximate mileage: | Debtor 2 only | Current value of the | Current value of the | |
| | Other information: | Debtor 1 and Debtor 2 only | entire property? | portion you own? | |
| | | At least one of the debtors and another | | | |
| | | Check if this is community property (see | | | |
| | | instructions) | | | |
| 3.4 | Make | Who has an interest in the property? Check | Do not deduct secured c | laims or exemptions. Put | |
| | Model: | one. | the amount of any secured claims on Schedule D: | | |
| | Year: | Debtor 1 only | Creditors Who Have Cla | ve Claims Secured by Property. | |
| | Approximate mileage: | Debtor 2 only | Ourmant walve of the | Command oralize of the | |
| | Other information: | Debtor 1 and Debtor 2 only | Current value of the entire property? | Current value of the portion you own? | |
| | Cuter information. | At least one of the debtors and another | | | |
| | | | | | |
| | | Check if this is community property (see | | | |
| Exa | | instructions) ner recreational vehicles, other vehicles, and accessor ft, fishing vessels, snowmobiles, motorcycle accessories | | | |
| Exa | mples: Boats, trailers, motors, personal watercra No Yes | ner recreational vehicles, other vehicles, and accessories ft, fishing vessels, snowmobiles, motorcycle accessories | | | |
| Exa | mples: Boats, trailers, motors, personal watercra No Yes Make | ner recreational vehicles, other vehicles, and accessories ft, fishing vessels, snowmobiles, motorcycle accessories Who has an interest in the property? Check | Do not deduct secured c | laims or exemptions. Put | |
| Exa | mples: Boats, trailers, motors, personal watercra No Yes Make Model: | who has an interest in the property? Check one. | Do not deduct secured control the amount of any secure | ed claims on <i>Schedule D:</i> | |
| Exa | mples: Boats, trailers, motors, personal watercra No Yes Make Model: Year: | who has an interest in the property? Check one. Debtor 1 only | Do not deduct secured control the amount of any secure | • | |
| Exa | mples: Boats, trailers, motors, personal watercra No Yes Make Model: Year: Approximate mileage: | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | Do not deduct secured of the amount of any secure Creditors Who Have Cla | ed claims on Schedule D: nims Secured by Property. Current value of the | |
| Exa | mples: Boats, trailers, motors, personal watercra No Yes Make Model: Year: | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured conthe amount of any secure Creditors Who Have Cla | ed claims on Schedule D: nims Secured by Property. | |
| Exa | mples: Boats, trailers, motors, personal watercra No Yes Make Model: Year: Approximate mileage: | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | Do not deduct secured of the amount of any secure Creditors Who Have Cla | ed claims on Schedule D: nims Secured by Property. Current value of the | |
| Exa | mples: Boats, trailers, motors, personal watercra No Yes Make Model: Year: Approximate mileage: | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured of the amount of any secure Creditors Who Have Cla | ed claims on Schedule D: nims Secured by Property. Current value of the | |
| 4.1 | mples: Boats, trailers, motors, personal watercra No Yes Make Model: Year: Approximate mileage: | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see | Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the entire property? | ed claims on Schedule D: nims Secured by Property. Current value of the | |
| 4.1 | Make Model: Other information: Make Model: Make Model: Model: | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the entire property? Do not deduct secured of the amount of any secure | ed claims on Schedule D: nims Secured by Property. Current value of the portion you own? daims or exemptions. Put ed claims on Schedule D: | |
| 4.1 | Make Model: Year: Approximate mileage: Other information: Make Model: Year: Approximate mileage: Other information: | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check | Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the entire property? Do not deduct secured of the amount of any secure | ed claims on Schedule D: hims Secured by Property. Current value of the portion you own? daims or exemptions. Put | |
| 4.1 | Make Model: Other information: Make Model: Make Model: Model: | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. | Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the entire property? Do not deduct secured of the amount of any secure Creditors Who Have Classifications | ed claims on Schedule D: nims Secured by Property. Current value of the portion you own? claims or exemptions. Put ed claims on Schedule D: nims Secured by Property. | |
| 4.1 | Make Model: Year: Approximate mileage: Other information: Make Model: Year: Approximate mileage: Other information: | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 and Debtor 2 only Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only | Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the entire property? Do not deduct secured of the amount of any secure | ed claims on Schedule D: nims Secured by Property. Current value of the portion you own? daims or exemptions. Put ed claims on Schedule D: | |
| 4.1 | Make Model: Year: Approximate mileage: Make Model: Year: Approximate mileage: Make Model: Year: Approximate mileage: | who has an interest in the property? Check one. Debtor 1 and Debtor 2 only Debtor 1 and Debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 2 only Debtor 3 and Debtor 4 only Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the entire property? Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the | d claims on Schedule D: aims Secured by Property. Current value of the portion you own? claims or exemptions. Put ad claims on Schedule D: aims Secured by Property. Current value of the | |
| 4.1 | Make Model: Year: Approximate mileage: Make Model: Year: Approximate mileage: Make Model: Year: Approximate mileage: | who has an interest in the property? Check one. Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the entire property? Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the | d claims on Schedule D: aims Secured by Property. Current value of the portion you own? claims or exemptions. Put ad claims on Schedule D: aims Secured by Property. Current value of the | |

Debtor 1 Lucind Case 16-17842 Doc 1 Filed 05/20/16 Entered 05/20/16 (1/20/37:45 Desc Main First Name Document Plane Page 14 of 77

Describe Your Personal and Household Items

| D | o you own or ha | ve any legal or equitable interest in any of the following items? | Current value of the portion you own? Do not deduct secured claims or exemptions. | | | | | |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|--|--|--|--|
| 6 | . Household goods | and furnishings | | | | | | |
| | _ | iances, furniture, linens, china, kitchenware | | | | | | |
| | No | | | | | | | |
| V | Yes. Describe | Used Furniture | #252.00 | | | | | |
| | | | \$350.00 | | | | | |
| | . Electronics Examples: Televisions | and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music | | | | | | |
| ✓ | No | | | | | | | |
| | Yes. Describe | | | | | | | |
| | Callagtibles of valu | | | | | | | |
| | | nd figurines; paintings, prints, or other artwork; books, pictures, or other art objects; n, or baseball card collections; other collections, memorabilia, collectibles | | | | | | |
| $\overline{\mathbf{V}}$ | No | | | | | | | |
| | Yes. Describe | | | | | | | |
| | | orts and hobbies otographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes s; carpentry tools; musical instruments | | | | | | |
| ✓ | No | | | | | | | |
| | Yes. Describe | | | | | | | |
| | O. Firearms Examples: Pistols, rifle No Yes. Describe | es, shotguns, ammunition, and related equipment | | | | | | |
| | | | | | | | | |
| | Clothes Examples: Everyday of No | clothes, furs, leather coats, designer wear, shoes, accessories | | | | | | |
| ~ | Yes. Describe | Misc. Clothing | | | | | | |
| | | · · | | | | | | |
| | 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver | | | | | | | |
| 믬 | No No Bookilla | | | | | | | |
| ◩ | Yes. Describe | Diamond ring, Gold Chain | \$700.00 | | | | | |
| | 3. Non-farm animals Examples: Dogs, cats | | | | | | | |
| ✓ | No | | | | | | | |
| | Yes. Describe | | | | | | | |
| 1 | 4. Any other person | al and household items you did not already list, including any health aids you did not list | | | | | | |
| 7 | No | | | | | | | |
| Ī | Yes. Describe | | | | | | | |
| 1 | 5. Add the dollar val | ue of all of your entries from Part 3, including any entries for pages you have attached | \$1050.00 | | | | | |
| f | or Part 3. Write that i | number here | 41000.00 | | | | | |

Debtor 1 Lucind Case 16-17842
First Name Doc 1 Filed 05/201/16 Entered 05/201/16/12337:45 Desc Main

Middle Name Document Page 15 of 77

Describe Your Financial Assets

| Do | you own or have a | ny legal or equitable inte | erest in any of the followin | g? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|-----|-------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------|
| | ✓ No | e in your wallet, in your home, in a s | afe deposit box, and on hand when y | ou file your petition Cash: | |
| 17. | , | • | certificates of deposit; shares in credunts with the same institution, list each | | |
| | ✓ Yes | | Institution name: | | |
| | | 17.1. Checking account: 17.2. Checking account: | Bank of Hegewisch | | \$50.00 |
| | | 17.3. Savings account: | Bank of America | | \$250.00 |
| | | 17.4. Savings account: | | | · |
| | | 17.5. Certificates of deposit: | | | |
| | | 17.6. Other financial account: | | | |
| | | 17.7. Other financial account: | | | |
| | | 17.8. Other financial account: | | | |
| | | 17.9. Other financial account: | | | |
| 18. | | or publicly traded stocks nvestment accounts with brokerage | e firms, money market accounts | | |
| | ✓ No ☐ Yes | Institution or issuer name: | | | |
| | | | | | |
| 19. | an LLC, partnership, a | - | ted and unincorporated business | ses, including an interest in | |
| | Yes. Give specific information about them | Name of entity | | % of ownership: | |
| | 2.6 | | | | |

| Deb | tor 1 | Lucinda Case 16 | <u>-17842</u> | Doc 1 | Filed 05#2√3#16 | Entered 05/27/16 | #1843#37: <u>45</u> | Desc Main |
|-----|----------|----------------------------------------------------|----------------|------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------|-----------|
| | | First Name | | Middle Name | Documetnit ^{me} | Page 16 of 77 | | |
| 20. | Neg | otiable instruments in | clude persona | al checks, cas | gotiable and non-negot hiers' checks, promissory r nsfer to someone by signin | otes, and money orders. | | |
| | ✓ | No | | | | | | |
| | | Yes. Give specific information about them | Issuer name | : | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 04 | D | | | | | | | |
| 21. | Exa | rement or pension mples: Interests in IRA No | | ogh, 401(k), 4 | 03(b), thrift savings accou | nts, or other pension or profit-sl | haring plans | |
| | П | Yes. List each | Type of acco | unt: | Institution name: | | | |
| | | account separately. | 401(k) or sin | nilar plan: | | | | |
| | | | Pension plan | n: | | | | |
| | | | IRA: | | - | | | _ |
| | | | Retirement a | account: | | | | _ |
| | | | Keogh: | | | | | _ |
| | | | Additional ad | count: | | | | |
| | | | Additional ad | count: | | | | _ |
| 22. | Sec | urity deposits and p | repayments | | | | | _ |
| | Exar | | | | nat you may continue servic public utilities (electric, gas | e or use from a company , water), telecommunications | | |
| | | No . | | | | | | |
| | П | Yes | | | Institution name: | | | |
| | | | Electric: | | | | | |
| | | | Gas: | | | | | _ |
| | | | Heating oil: | | | | | _, |
| | | | Security dep | osit on rental (| unit: | | | _ |
| | | | Prepaid rent | : | | | | |
| | | | Telephone: | | | | | _ |
| | | | Water: | | | | | |
| | | | Rented furni | ture: | | | | |
| | | | Other: | | | | | |
| 23. | | | a periodic pay | yment of mone | ey to you, either for life or fo | r a number of years) | | _ |
| | ✓ | No | | | | | | |
| | | Yes | Issuer name | and description | on: | | | |
| | | | | | | | | |
| | | | | | | | | |

| Debt | or 1 | Lucinda E | <u>se 1</u> | 6-17842 | Doc 1 | | <u>05∤2√416</u> um 'ë 'n't [™] | | <u>d</u> 0,5√2√1,√1. of 77 | 6 (143;37: <u>45</u> | Desc Main |
|------|----------|--------------------|-------------|--------------------------------------------------------|-----------------|---------------|-------------------------------------------------------|------------------|-------------------------------|---------------------------------------|-----------------------------------------------------------------------------------|
| 24. | | | | ation IRA, in a), 529A(b), and | | a qualified | I ABLE progra | m, or under a | qualified sta | te tuition program. | |
| | | No Yes | Institution | on name and d | escription. Sep | earately file | the records of a | ny interests.11 | U.S.C. § 521(| c): | |
| 25. | | sts, equita | | | ts in property | (other tha | n anything lis | ted in line 1), | and rights or | powers | |
| | ✓ | No | i youi i | oenent | | | | | | | |
| | | Yes. Desc | ribe | | | | | | | | |
| 26. | | | | | | | intellectual provalties and licens | | ts | | |
| | | No Yes. Desc | ribe | | | | | | | | |
| 27. | | | | , and other ge mits, exclusive | | | sociation holdin | gs, liquor licer | ses, professio | nal licenses | |
| | | No | ., | | | | | | | | |
| | Ц | Yes. Desc | | | | | | | | | |
| Mor | ney | or prope | rty ov | ved to you? | ? | | | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | _ | refunds ov | ed to y | ou/ou | | | | | | | |
| | | Yes. Give s | | | | | | | | Federal: | |
| | | you al | ready fil | ncluding whether led the returns ears | er | | | | | State: | |
| 29. | Fam | ily suppor | • | ,ars | | | | | | Local: | |
| | _ | • | due or lu | ump sum alimo | ny, spousal sup | oport, child | support, mainte | nance, divorce | settlement, pro | operty settlement | |
| | | No Yes. Give s | pecific i | nformation | | | | | | Alimony: | |
| | | | | | | | | | | Maintenance: | |
| | | | | | | | | | | Support: | |
| | | | | | | | | | | Divorce settlement Property settlemen | |
| 30. | | <i>nples:</i> Unpa | iid wage | one owes you es, disability ins ity benefits; un | urance payme | | ty benefits, sick meone else | pay, vacation p | ay, workers' co | | |
| | ✓ | No | | | · | | | | | | |
| | | Yes. Descri | be | | | | | | | | |

| Debt | tor 1 | Lucinda Case 16 First Name | <u>6-17842</u> | Doc 1 Middle Name | | 5/24416 metheme | Entered Page 18 | | 16 A&3v37: <u>45</u> | Des | <u>c Main</u> |
|------|--------|-----------------------------------------------------------------------------------------------|-------------------|----------------------|----------------|--------------------|--------------------|------------------|--------------------------|-------------|------------------------------------------------------------------------|
| 31. | | rests in insurance particular in insurance particular in insurance properties: Health, disabi | | rance; health | | | · · | | r's insurance | | |
| | | No Yes. Name the insur of each policy and lis | . , | | Company nam | e: | | | Beneficiary: | | Surrender or refund value: |
| 32. | If you | interest in property u are the beneficiary erty because someon No Yes. Describe | of a living trust | | | | policy, or are cu | urrently entitle | ed to receive | | |
| 33. | Exar | ms against third pa apples: Accidents, em | | | | | ade a deman | d for paymei | nt | | |
| | | Yes. Describe | | | | | | | | _ | |
| 34. | | er contingent and o et off claims | unliquidated | claims of ev | ery nature, ir | ncluding co | unterclaims o | of the debtor | and rights | | |
| | H | No Yes. Describe | | | | | | | | | |
| 35. | _ | financial assets yo | u did not alre | ady list | | | | | | | |
| | | Yes. Describe | | | | | | | | | |
| 36. | | the dollar value of Part 4. Write that nu | - | | | | | | | | \$300.00 |
| Part | 5: | Describe Any B | susiness-Re | elated Pro | perty You | Own or H | ave an Inte | rest In. Lis | st any real estate | e in P | art 1. |
| 37. | Do y | ou own or have an | ıy legal or equ | uitable intere | est in any bus | iness-relate | d property? | | | | |
| | | No. Go to Part 6. Yes. Go to line 38. | | | | | | | | po i | rrent value of the rtion you own? not deduct secured claims exemptions |
| 38. | _ | ounts receivable or | commissions | s you alread | y earned | | | | | | |
| | = | No Yes. Describe | | | | | | | | | |
| 39. | | ce equipment, furn nples: Business-rela | | | odems, printer | s, copiers, fa | x machines, ru | gs, telephone | es, desks, chairs, elect | ronic de | evices |
| | | No Yes. Describe | | | | | | | | _ | |

| Deb | tor 1 LucindaCase 10 | <u>o-17842 Doc 1</u> | | | <u>esc main</u> |
|--------------|-------------------------------------------------------|----------------------------------------|------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------|
| 40. | First Name Machinery, fixtures, eq | Middle Name uipment, supplies you u | Document Pa se in business, and tools of yo | ge 19 of 77 ur trade | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| 41. | Inventory | | | | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| 42. | Interests in partnershi | ps or joint ventures | | | |
| | ✓ No | | | | |
| | Yes. Give specific information about them | | Name of entity: | % of ownership: | |
| | | | | | |
| 43. (| Customer lists, mailing | lists, or other compilation | ons | - | |
| | ✓ No | | | | |
| | Yes. Do your lists inc | clude personally identifiabl | e information (as defined in 11 U.S | S.C. § 101(41A))? | |
| | □No | | | | |
| | Yes. Descri | ibe | | | |
| | | | | | |
| 44. | Any business-related p | property you did not alrea | ady list | | |
| | ✓ No | | | | |
| | Yes. Give specific | | | | |
| | information | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | _ | | |
| | dd the dollar value of al art 5. Write that number | | art 5, including any entries for p | ages you have attached | |
| | Deceribe Any F | | | erty You Own or Have an Interest In | |
| Part | | n interest in farmland, list it i | | ity fou own of flave all litterest in | • |
| 46. | Do you own or have a | ny legal or equitable inte | erest in any farm- or commercia | I fishing-related property? | |
| | No. Go to Part 7. Yes. Go to line 47. | | | | Current value of the portion you own? Do not deduct secured claims or exemptions |
| 47. | Farm animals Examples: Livestock, pour | ultry, farm-raised fish | | | |
| | √ No | | | | |
| | Yes. Describe | | | | |

| Deb | tor 1 | Lucinda Case 16 First Name | 6-17842 | Doc 1 | Filed 05/2 Docume | | Entered 05/ Page 20 of 7 | 27/116/112/37: <u>45</u> 7 | Desc | Main |
|--------------|----------|---------------------------------------------|-----------------|----------------|----------------------|--------------|-----------------------------|-------------------------------|--------|-------------|
| 48. | Cro | ps-either growing | or harvested | | Docume | 711 (| 1 age 20 01 7 | | | |
| | ✓ | No | | | | | | | | |
| | | Yes. Describe | | | | | | | _ | |
| 49. | Far | m and fishing equi | pment, imple | ments, mach | inery, fixtures, a | and tools | of trade | | | |
| | ✓ | No | | | | | | | | |
| | | Yes. Describe | | | | | | | _ | |
| 50. | Far | m and fishing supp | lies, chemica | als, and feed | | | | | | |
| | ✓ | No | | | | | | | | |
| | | Yes. Describe | | | | | | | | |
| 51. | Any | farm- and comme | rcial fishing-r | elated proper | rty you did not a | ılready lis | st | | | |
| | ✓ | No | | | | | | | | |
| | | Yes. Describe | | | | | | | _ | |
| E2 A | alal 41a | o deller value of al | l of your optr | ios from Port | 6 including on | v ontrion | for pages you have | attached | | |
| | | | | | | | pages you have | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Part | | | | | | st in Th | nat You Did Not I | _ist Above | | |
| 53. | | you have other properties: Season tickets | | | not aiready list? | | | | | |
| | ✓ | No | | | | | | | | |
| | | Yes. Give specific | | | | | | | | |
| | | information | | | | | | | | |
| | | | | | | | | | į | |
| 54. A | dd th | e dollar value of al | l of vour entr | ies from Part | 7. Write that nu | mber he | 'e | | • | |
| | | | , | | | | | | | |
| | | | | | | | | | | |
| Part | 8: | List the Totals | of Each Pa | rt of this F | orm | | | | | |
| 55. F | Part 1 | : Total real estate, | line 2 | | | | | > | | |
| | | | | | | | | | | |
| 1 | | total vehicles, line : Total personal an | | items, line 15 | 5 | <u> </u> | | | | |
| | | : Total financial ass | | items, inte | | \$1050.00 | <u>'</u> | | | |
| | | 5: Total business-re | | ty line 45 | | \$300.00 | | | | |
| | | 6: Total farm- and f | | | 20.52 | | | | | |
| | | : Total other prope | _ | | 10 J£ | | | | | |
| | | | - | | | | | 1 | | |
| 62. | otal | personal property. | Add lines 56 t | nrougn 61 | | \$1350.00 | <u> </u> | Copy personal property to | otal ▶ | + \$1350.00 |
| | | | | | L | | | 1 121 | | \$4250.00 |
| 63. T | otal | of all property on S | chedule A/B. | Add line 55 + | line 62 | | | | | \$1350.00 |

| Fill i | in this informa | Case 16-17842 ation to identify your case: | Doc 1 Fil | ed 05/27/16 | Entered 0 | 5/27/16 13:37:45 | Desc Main |
|-----------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Deb | otor 1 | Lucinda First Name | Middle Nan | Hoi ne Las | use st Name | - | |
| | otor 2 ouse, if filing) | First Name | Middle Nan | ne Las | st Name | - | |
| Unit | ted States Ba | nkruptcy Court for the: | Northern | District of | | - | |
| | se number nown) | | | | (State) | - | |
| Of | ficial F | orm 106C | | | | <u> </u> | Check if this is a amended filing |
| Sc | hedule | C: The Prop | erty You (| Claim as E | Exempt | | 12/1 |
| s to exer ece exer | o state a s mpted up eive certai mption of perty is de t1: Identi Which set You are | pecific dollar amou to the amount of ar in benefits, and tax 100% of fair marke | nt as exempt. Any applicable streampt retirement value under a dithat amount, y Claim as Exemplaiming? Check one I nonbankruptcy exempns. 11 U.S.C. § 5220 | Iternatively, you atutory limit. Seent funds—malaw that limits your exemption pt e only, even if your aptions. 11 U.S.C. § (b)(2) | ou may claim the Some exemption ay be unlimited the exemption n would be limit spouse is filing with y \$ 522(b)(3) | e full fair market valuens—such as those for in dollar amount. How to a particular dollar ed to the applicable s | claim. One way of doing so e of the property being r health aids, rights to wever, if you claim an amount and the value of the statutory amount. |
| | | ription of the property a le A/B that lists this pro | perty the portion | າ you | Int of the exemption | | cific laws that allow exemption |
| | | | own Copy the va Schedule A | llue from | o, o 200 | | |
| | Brief description: | Bank of Hegewisch | \$50.00 | <u> </u> | | | 735 ILCS 5/12-1001(b) |
| | Line from Schedule A | | | | \$50. 00% of fair market valu oplicable statutory limi | ie, up to any | |
| | Brief | Ponk of America | \$250.0 | | | | 735 ILCS 5/12-1001(b) |
| | description: Line from Schedule A | | φ200.0 | <u> </u> | \$250 00% of fair market valu oplicable statutory limi | ie, up to any | |
| 3. | (Subject to a | niming a homestead exert adjustment on 4/01/19 and d you acquire the property | every 3 years after th | nat for cases filed or | | , | |

No Yes

Debtor 1 Lucind Case 16-17842 Doc 1 Filed 05/24/16 Entered 05/27/166/123/37:45 Desc Main

First Name Document Plane Page 22 of 77

Part 2: **Additional Page** Brief description of the property and line Current value of Amount of the exemption you claim Specific laws that allow exemption on Schedule A/B that lists this property the portion you Check only one box for each exemption. own Copy the value from Schedule A/B Brief 735 ILCS 5/12-1001(b) \$350.00 **V Used Furniture** description: \$350.00 Line from 100% of fair market value, up to any Schedule A/B: 06 applicable statutory limit 735 ILCS 5/12-1001(b) Brief \$0.00 Misc. Clothing description: Line from 100% of fair market value, up to any Schedule A/B: 11 applicable statutory limit 735 ILCS 5/12-1001(b) Brief Diamond ring, Gold \$700.00 **V** description: Chain \$700.00 Line from 100% of fair market value, up to any

applicable statutory limit

Schedule A/B:

12

| Fill in this inforr | Case 16-17842 nation to identify your case | | 1 05/27/16 | Entered 05/27/ | /16 13:37:45 | Desc Main | |
|--------------------------------|------------------------------------------------------------------------------------------------|------------------------------|-----------------------|----------------------------|-------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------|
| Debtor 1 | Lucinda First Name | Middle Name | House Last N | - | | | |
| Debtor 2 (Spouse, if filing | First Name | Middle Name | Last N | lame | | | |
| United States E | ankruptcy Court for the: | Northern | District of III | inois State) | | | |
| Case number (If known) | | | | , | | | |
| | Form 106D | | | | | am | eck if this is ar ended filing |
| Schedu | ıle D: Credit | ors Who Ha | ave Clair | ns Secured | by Prope | rty | 12/15 |
| correct info | ete and accurate as mation. If more spa top of any addition | ce is needed, cop | y the Addition | al Page, fill it out, ı | number the entri | - | |
| ✓ No. 0 | editors have claims secu theck this box and submit the Fill in all of the information be | nis form to the court with y | our other schedule | s. You have nothing else t | to report on this form. | | |
| Part 1: List | All Secured Claims | | | | | | |
| claim. If m | cured claims. If a creditor lore than one creditor has a st the claims in alphabetical | particular claim, list the | other creditors in Pa | | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |

| | | | | d 05/27/16 | Entered 0 | <u>15/2</u> 7/16 13:37:4 | 5 Desc | Main | |
|---------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------|------------------|--------------------|
| Fill in | n this informa | ation to identify your case: | | | | | | | |
| Debt | tor 1 | Lucinda | | House | | _ | | | |
| | _ | First Name | Middle Name | Last Na | ame | | | | |
| Debt (Spo | | First Name | Middle Name | Last Na | ame | _ | | | |
| Unite | ed States Ba | nkruptcy Court for the: | Northern | | | _ | | | |
| Case (If kn | e number own) | | | (3) | tate) | _ | | | |
| Off | icial Fo | orm 106E/F | | | | I | Chec | ck if this is an | amended filing |
| Sc | hedu | le E/F: Cred | ditors Who | Have Ur | nsecure | ed Claims | | | 12/15 |
| are lis the bo Part | sted in <i>Sche</i> oxes on the 1: List A | edule D: Creditors Who e left. Attach the Continu all of Your PRIORIT | Hold Claims Secured uation Page to this part of Unsecured Clain | by Property. If moge. On the top of a | re space is nee | o not include any credit ded, copy the Part you r ages, write your name a | need, fill it out | , number th | e entries in |
| | No. Go Yes. List all of y identify wha | it type of claim it is. If a cla | claims. If a creditor has im has both priority and i | more than one priori | list that claim he | aim, list the creditor separa re and show both priority a | nd nonpriority a | amounts. As r | much as |
| | Part 1. If mo | ore than one creditor hold | s a particular claim, list t | he other creditors in | Part 3. | an two priority unsecured o | laims, fill out th | ie Continuatio | on Page of |
| | (For an exp | lanation of each type of cl | aim, see the instructions | for this form in the in | istruction dookie | ι.) | Total claim | Priority amount | Nonpriority amount |
| | Priority Crec P.O. Box 734 Number Philadelphia City Who incur Debtor Debtor At least Check | Pennsylvania State red the debt? Check one 1 only | 19101 Zip Code e. | Contingent Unliquidated Disputed Type of PRIORITY Domestic supp Taxes and certa Claims for deat intoxicated | ot incurred? Ifile, the claim in the claim other debts you the or personal injury. | n/a is: Check all that apply. | \$5,000.00 | \$5,000.00 | \$0.00 |
| | Yes | | | | | | | | |

Filed 05/2416 Entered 05/27/166/163:37:45 Desc Main Lucinda Case 16-17842 Doc 1 Debtor 1 Document Page 25 of 77 List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. ◪ List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of **Total claim** 4.1 American Family Dentistry- Saddle Creek \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Revenue Recovery Corporation When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 37901 Knoxville Tennessee City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce that Debtor 1 and Debtor 2 only you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Due Is the claim subject to offset? **V** No Yes 4.2 BK OF AMER \$447.00 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 15026 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Wilmington 19801 Delaware Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only **|** Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Other. Specify CreditCard Is the claim subject to offset? I✓I No Yes 4.3 Calvary Portfolio Services \$0.00 Last 4 digits of account number Nonpriority Creditor's Name 500 Summit Lake Dr. Suite 400 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent 10595 Valhalla New York Unliquidated City Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only l√| Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims

✓ No □ Yes

Is the claim subject to offset?

Check if this claim relates to a community debt

Other. Specify

Debts to pension or profit-sharing plans, and other similar debts

Due

Debtor 1 Lucind Case 16-17842 Doc 1 Filed 05/23/16 Entered 05/23/16 (1.3:37:45 Desc Main First Name Document Page Page 26 of 77

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| | After listing any entries on this page, number them beginning w | ith 4.5, followed by 4.6, and so forth. | Total claim |
|-----|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------|
| 4.4 | CONS REC SYS | Last 4 digits of account number 8759 | \$100.00 |
| | Nonpriority Creditor's Name 2650 Thousand Oaks Blvd # 4220 | When was the debt incurred? 12/1/2010 | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. Contingent | |
| | Memphis Tennessee 38118 | Unliquidated | |
| | City State Zip Code Who incurred the debt? Check one. | | |
| | Debtor 1 only | Disputed | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | ✓ Collection; Collecting for ORIGINAL | |
| | ✓ No | Other. Specify CREDITOR: MEDICAL | |
| | Yes | | |
| 4.5 | Covington Pike Acceptance Company | Last 4 digits of account number | \$0.00 |
| | Nonpriority Creditor's Name 2080 Covington Pike | When was the debt incurred? | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Memphis Tennessee 38128 | Unliquidated | |
| | City State Zip Code Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| | Check if this claim relates to a community debt | ✓ Other. Specify 2002 Dodge Dakota | |
| | Is the claim subject to offset? | | |
| | ✓ No | | |
| | Yes | | |
| 4.6 | CREDIT ACCEPTANCE | Last 4 digits of account number | \$0.00 |
| | Nonpriority Creditor's Name PO BOX 513 | When was the debt incurred? n/a | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. Contingent | |
| | Southfield Michigan 48037 | | |
| | City State Zip Code | Unliquidated | |
| | Who incurred the debt? Check one. Debtor 1 only | Disputed | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | ✓ Other. Specify Credit Acceptance | |
| | ✓ No | | |
| | Yes | | |

Debtor 1 LucindsCase 16-17842 Doc 1 First Name Middle Name

| | After listing any entries on this page, number them beginning | with 4.5, followed by 4.6, and so forth. | Total claim |
|-----|---------------------------------------------------------------|-------------------------------------------------------------------|-------------|
| 4.7 | CREDITONEBNK | — Lost 4 divite of account number 0407 | \$579.00 |
| | Nonpriority Creditor's Name | Last 4 digits of account number 8187 | 70.000 |
| | PO BOX 98872 Number Street | When was the debt incurred? 5/1/2015 | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | LAS VEGAS Nevada 89193 | <u> </u> | |
| | City State Zip Code | Unliquidated | |
| | Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | ·- | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | |
| | At least one of the debtors and another | you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | ✓ Other. SpecifyCreditCard | |
| | ✓ No | | |
| | Yes | | |
| 4.0 | <u> </u> | | • |
| 4.8 | Equable Ascent Financial Nonpriority Creditor's Name | Last 4 digits of account number | \$0.00 |
| | 1120 W. Lake Cook Road, Suite A | When was the debt incurred? n/a | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | D. Wala One and Hilliants and Occord | Contingent | |
| | Buffalo Grove Illinois 60089 City State Zip Code | Unliquidated | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | Disputed | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that | |
| | At least one of the debtors and another | you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | ✓ Other. Specify Due | |
| | | • Buc | |
| | ✓ No | | |
| | Yes | | |
| 4.9 | Fanciscan Alliance | Lest 4 divite of account numbers | \$0.00 |
| | Nonpriority Creditor's Name | Last 4 digits of account number | |
| | 28044 Network Place Number Street | When was the debt incurred?n/a | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | | = | |
| | Chicago Illinois 60673 | Unliquidated | |
| | City State Zip Code | Disputed | |
| | Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 only | | |
| | Debtor 2 only | ☐ Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that | |
| | At least one of the debtors and another | you did not report as priority claims | |
| | 불 | Debts to pension or profit-sharing plans, and other similar debts | |
| | Check if this claim relates to a community debt | ✓ Other. Specify Medical | |
| | Is the claim subject to offset? | | |
| | ✓ No | | |
| | Vac | | |

Debtor 1
Lucind Case 16-17842 Doc 1 Filed 05/2016 Entered 05/2016 (123:37:45 Desc Main First Name Document) Page 28 of 77

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| | After listing any entries on this page, number them beginning | with 4.5, followed by 4.6, and so forth. | Total claim |
|------|---------------------------------------------------------------|-------------------------------------------------------------------|-------------|
| 4.10 | FORT SILL NATIONAL BAN | Last 4 digits of account number 0463 | \$1,245.00 |
| | Nonpriority Creditor's Name 511 SW A AVE | When was the debt incurred? 5/1/2011 | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | LAWTON Oklahoma 73501 City State Zip Code | Unliquidated | |
| | City State Zip Code Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that | |
| | At least one of the debtors and another | you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | ✓ Other. Specify | |
| | No | | |
| | Yes | | |
| 4.11 | GINNYS Nonpriority Creditor's Name | Last 4 digits of account number | \$0.00 |
| | 1112 7TH AVE | When was the debt incurred? n/a | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | MONROE Wisconsin 53566 City State Zip Code | Unliquidated | |
| | City State Zip Code Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that | |
| | At least one of the debtors and another | you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | ✓ Other. Specify Credit Card | |
| | ✓ No | | |
| | Yes | | |
| 4.12 | Imaging Associates Of Indiana Nonpriority Creditor's Name | Last 4 digits of account number | \$67.19 |
| | 75 Remittance Drive Dept 1273 | When was the debt incurred? | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | China na Wina ia COOTE | Unliquidated | |
| | ChicagoIllinois60675CityStateZip Code | Disputed | |
| | Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 only | Student loans | |
| | Debtor 2 only | Obligations arising out of a separation agreement or divorce that | |
| | Debtor 1 and Debtor 2 only | you did not report as priority claims | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| | Check if this claim relates to a community debt | ✓ Other. Specify Credit | |
| | Is the claim subject to offset? | | |
| | Vac | | |

Debtor 1 Lucinda Case 16-17842 Doc 1 Filed 05/2016 Entered 05/2016 (12:3:37:45 Desc Main First Name Documental Page 29 of 77

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| | After listing any entries on this page, number them beginnin | g with 4.5, followed by 4.6, and so forth. | Total claim |
|------|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------|
| 4.13 | Jefferson Capital Systems LLC | Last 4 digits of account number | \$0.00 |
| | Nonpriority Creditor's Name PO Box 7999 | When was the debt incurred? | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. Contingent | |
| | Saint Cloud Minnesota 56302 | | |
| | City State Zip Code Who incurred the debt? Check one. | Unliquidated | |
| | Debtor 1 only | Disputed | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | ✓ Other. Specify | |
| | ✓ No | _ | |
| | Yes | | |
| 4.14 | Methodist Lebonheur Healthcare | Last 4 digits of account number | \$0.00 |
| | Nonpriority Creditor's Name C/O Consolidated Recovery Systems | When was the debt incurred? | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Memphis Tennessee 38118 | Unliquidated | |
| | City State Zip Code Who incurred the debt? Check one. | Disputed | |
| | ✓ Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| | Check if this claim relates to a community debt | ✓ Other. Specify Due | |
| | Is the claim subject to offset? | <u></u> | |
| | ✓ No | | |
| | Yes | | |
| 4.15 | Midland Credit Management | Last 4 digits of account number | \$0.00 |
| | Nonpriority Creditor's Name 2365 Northside Dr # 300 | When was the debt incurred? | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. Contingent | |
| | San Diego California 92108 | | |
| | City State Zip Code Who incurred the debt? Check one. | Unliquidated | |
| | Debtor 1 only | Disputed | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | ✓ Other. Specify | |
| | ✓ No | | |
| | Yes | | |

Debtor 1 Lucinda Case 16-17842 Doc 1 Filed 05/207/16 Entered 05/207/16 @3/37:45 Desc Main

rst Name Middle Name Documering Page 30 of 77

Your NONPRIORITY Unsecured Claims - Continuation Page Part 2: After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. Total claim 4.16 Midnight Velvet \$0.00 Last 4 digits of account number Nonpriority Creditor's Name 1112 7TH AVE POB 2821 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Wisconsin 53566 Monroe Unliquidated State Zip Code City Who incurred the debt? Check one. Disputed Debtor 1 only $\overline{\mathbf{A}}$ Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify Due **✓** No Yes 4.17 MLGW COLL \$715.00 Last 4 digits of account number 2127 Nonpriority Creditor's Name 245 S MAÍN When was the debt incurred? 8/1/2013 Number Street As of the date you file, the claim is: Check all that apply. Contingent **MEMPHIS** 38101 Tennessee Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed ✓ Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Is the claim subject to offset? \square Other, Specify InstallmentLoan **✓** No Yes 4.18 PEOPLES ENGY \$48.00 Last 4 digits of account number Nonpriority Creditor's Name 200 EAST RANDOLPH When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent **CHICAGO** Illinois 60601 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only **|** | Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify InstallmentLoan **✓** No

Yes

Debtor 1 Lucind Case 16-17842 Doc 1 Filed 05/23/16 Entered 05/23/16 (1.3:37:45 Desc Main First Name Document Page 31 of 77

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| | After listing any entries on this page, number them beginning | with 4.5, followed by 4.6, and so forth. | Total claim |
|------|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------|
| 4.19 | Portfolio Recovery Associates, LLC | Last 4 digits of account number | \$0.00 |
| | Nonpriority Creditor's Name 120 Corporate Blvd, Suite 1 | When was the debt incurred? | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Norfolk Virginia 23502 | Unliquidated | |
| | City State Zip Code Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | Other. Specify <u>Due</u> | |
| | ✓ No | _ | |
| | Yes | | |
| 4.20 | Premier Bankcard/Charter | Last 4 digits of account number | \$0.00 |
| | Nonpriority Creditor's Name PO Box 2208 | When was the debt incurred? | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | Vacaville California 95696 | Contingent | |
| | City State Zip Code | Unliquidated | |
| | Who incurred the debt? Check one. Debtor 1 only | Disputed | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | ✓ Other. Specify Due | |
| | ✓ No | | |
| | Yes | | |
| 4.21 | Royal Furniture | Last 4 digits of account number | \$0.00 |
| | Nonpriority Creditor's Name 339 S Green Bay Rd | When was the debt incurred? | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Waukegan Illinois 60085 City State Zip Code | Unliquidated | |
| | Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| | Check if this claim relates to a community debt | Other. Specify Furniture | |
| | Is the claim subject to offset? | | |
| | ✓ No | | |
| | □ Vos | | |

Filed 05/22/16 Entered 05/27/16 1/20/37:45 Desc Main Document Page 32 of 77 Debtor 1 Lucind: Case 16-17842
First Name Doc 1

| Part 2 | Your NONPRIORITY Unsecured Claims - Continua | ation Page | | | | |
|--------|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------|--|--|--|
| | After listing any entries on this page, number them beginning w | ith 4.5, followed by 4.6, and so forth. | Total claim | | | |
| 4.22 | SEVENTH AVENUE | Last 4 digits of account number | \$0.00 | | | |
| | Nonpriority Creditor's Name 1112 7TH AVE | When was the debt incurred? n/a | | | | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | | | | |
| | | Contingent | | | | |
| | MONROE Wisconsin 53566 City State Zip Code | Unliquidated | | | | |
| | Who incurred the debt? Check one. | Disputed | | | | |
| | ✓ Debtor 1 only | Type of NONPRIORITY unsecured claim: | | | | |
| | Debtor 2 only | Student loans | | | | |
| | Debtor 1 and Debtor 2 only | | | | | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | Is the claim subject to offset? | ✓ Other. Specify <u>Credit Card</u> | | | | |
| | ✓ No | | | | | |
| | Yes | | | | | |
| 4.23 | US DEPT OF ED/GLELSI | - Last 4 digits of account number 8581 | \$33,387.00 | | | |
| | Nonpriority Creditor's Name 2401 INTERNATIONAL LN | When was the debt incurred? 8/1/2014 | | | | |
| | Number Street | | | | | |
| | | As of the date you file, the claim is: Check all that apply. | | | | |
| | MADISON Wisconsin 53704 | Contingent | | | | |
| | City State Zip Code | Unliquidated | | | | |
| | Who incurred the debt? Check one. Debtor 1 only | Disputed | | | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | | | | |
| | <u></u> | ✓ Student loans | | | | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that | | | | |
| | At least one of the debtors and another | you did not report as priority claims | | | | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | Is the claim subject to offset? | Other. Specify | | | | |
| | ✓ No | | | | | |
| | Yes | | | | | |
| 4.24 | Village of Calumet City Nonpriority Creditor's Name | - Last 4 digits of account number | \$100.00 | | | |
| | 204 Pulaski Rd | When was the debt incurred? n/a | | | | |
| | Number Street | As of the date you file the claim in Check all that anniv | | | | |
| | | As of the date you file, the claim is: Check all that apply. Contingent | | | | |
| | Calumet City Illinois 60409 | | | | | |
| | City State Zip Code | Unliquidated | | | | |
| | Who incurred the debt? Check one. Debtor 1 only | Disputed | | | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | | | | |
| | Debtor 1 and Debtor 2 only | Student loans | | | | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | | | | |
| | 片 | you did not report as priority claims | | | | |
| | Check if this claim relates to a community debt | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Parking Ticket | | | | |
| | Is the claim subject to offset? No | Other. Specify Parking Ticket | | | | |

Yes

Doc 1 Filed 05/2ଅ/16 Entered 05/2ଅ/16 /ଥିଡି/37:45 Desc Main

Middle Name Docume Page 33 of 77
ecured Claims - Continuation Page Debtor 1 Lucind: Case 16-17842 First Name

| After listing any entrie | es on this page, n | umber them beginnin | ng with 4.5, followed by 4.6, and so forth. | Total claim | |
|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--|
| | Nonpriority Creditor's Name PO BOX 14517 | | Last 4 digits of account number When was the debt incurred? n/a As of the date you file, the claim is: Check all that apply. | | |
| DES MOINES City Who incurred the de Debtor 1 only Debtor 2 only Debtor 1 and Debto At least one of the c Check if this clair Is the claim subject to | or 2 only debtors and another n relates to a corr | | Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Overdraft | | |

Debtor 1 Lucind Case 16-17842 Doc 1 Filed 05/24/16 Entered 05/27/16 / Aug 37:45 Desc Main
First Name Document Page 34 of 77

Part 4: Add the Amounts for Each Type of Unsecured Claim

| 6. Total the ar | nounts of certain types of unsecured claims. This information is fo ounts for each type of unsecured claim. | r sta | atistical reporting purposes onl |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------|
| | | | Total claims |
| Total claims from Part 1 | 6a. Domestic support obligations. | 6a. | \$0.00 |
| nom rait i | 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated | | \$5,000.00 |
| | | | \$0.00 |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$0.00 |
| | 6e. Total. Add lines 6a through 6d. | 6e. | \$5,000.00 |
| | | | Total claims |
| Total claims from Part 2 | 6f. Student loans | 6f. | \$33,387.00 |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$0.00 |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$0.00 |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$3,301.19 |
| | 6j. Total. Add lines 6f through 6i. | 6j. | \$36,688.19 |

| Fill in this in | formation to identify your ca | se: | <u> </u> | | |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Debtor 1 | Lucinda | | House | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse, if f | filing) First Name | Middle Name | Last Name | | |
| United State | es Bankruptcy Court for the: | Northern | District of Illinois | | |
| Case number | or | | (State) | | |
| (If known) | <u> </u> | | | | |
| Officia | al Form 106G | <u> </u> | | | Check if this is ar amended filing |
| Sched | lule G: Execu | tory Contracts | s and Unexpire | ed Leases | 12/1 |
| 1. Do you No. Yes. 2. List sep | er (if known). u have any executory Check this box and file this f Fill in all of the information loarately each person or co | contracts or unexpire orm with the court with your or below even if the contracts or ompany with whom you have | red leases? other schedules. You have nothing the schedules are listed on Schedule we the contract or lease. The | ing else to report on this form. A/B: Property (Official Form 106A/B). In state what each contract or lease is for (for examples of executory contracts and unexpired) | or example, rent, |
| Per | rson or company with who | om you have the contract o | or lease | State what the contract or lease is | for |
| 2.1 Amer | rican Car Center | | | Auto Lease, | |
| Name | е | | | Other, Auto Lease | |
| 6400 | Winchester Rd, Memphis | | | Auto Loade | |
| Numb | | | | | |
| Mem | | Tennessee 3811 | | | |
| City | | State Zip (| Code | | |
| | pass Storage | | | Other, Other. | |
| Name | ۵ | | | Ou ICI, | |

Storage Unit

Name

Lansing City

2556 Bernice Rd. Number

Street

Illinois

State

60438 Zip Code

| | | Case 16-17842 | 2 Doc 1 Filed 0 | 5/27/16 Entered | 05/27/16 13:37:45 | Desc Main |
|--------------|----------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------|----------------------------------------------------------------------------------------|
| Fill | in this inform | ation to identify your case | | J | ,_0 _0 | 2 000 |
| De | btor 1 | Lucinda | | House | | |
| - | | First Name | Middle Name | Last Name | | |
| | btor 2 ouse, if filing) | First Name | Middle Name | Last Name | _ | |
| Un | ited States Ba | ankruptcy Court for the: | Northern | District of Illinois | | |
| | se number (nown) | | | (State) | _ | |
| | <u> </u> | | | | | Check if this is a |
| \bigcirc 1 | fficial F | orm 106H | | | | amended filing |
| | | e H: Your Co | odebtors | | | 12/1: |
| ever | y question. | | | : list either spouse as a codebto | | ase number (if known). Answer |
| 2. | Louisiana, N No. Go Yes. D | levada, New Mexico, Pue o to line 3. id your spouse, former sp | ived in a community proper erto Rico, Texas, Washington, pouse, or legal equivalent live v | and Wisconsin.) | unity property states and territon | es include Arizona, California, Idaho, |
| | ☐ Y | | tate or territory did you live? | Fill in the | name and current address of th | at person. |
| | | Name of your spouse, for | ormer spouse, or legal equival | ent | - | |
| | | Number Street | | | - | |
| | | City | State | Zip Code | - | |
| 3. | as a codeb | tor only if that person is | s a guarantor or cosigner. I | Make sure you have listed the | | the person shown in line 2 again ficial Form 106D), <i>Schedule E/F</i> olumn 2. |
| | Column 1: | Your codebtor | | | Column 2: The creditor to | whom you owe the debt |

Check all schedules that apply:

| Debtor 1 Lucinda House First Name Middle Name Last Name Debtor 2 Spouse, if filing) Spouse, if filing) Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois (State) An amended filing I A supplement showing post-petition chapter expenses as of the following date: MMI/DD/YYYY Difficial Form 106l Schedule I: Your Income as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally expensible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, acclude information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional ages, write your name and case number (if known). Answer every question. | Fill in thi | is information to identify | y your case: | 10=14.0 | | 7/16 13 | :37:45 | Desc Main | 1 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------|------------------------------------|-----------------------|-------------------|------------------------|----------------|--------------------|--------------------|
| First Name | | | | | ige or or | 77 | | | |
| Check if this is: Spouse, if filling) First Name | Debtor 1 | | | | | - | | | |
| Spouse, if filing) First Name | | First Name | Middle Name | Last Name |) | | Check if this | is: | |
| United States Bankruptcy Court for the: Northern | Debtor 2 | filing) First Name | BAC-L-III - B.I | 1 (N | | - | ☐ An amen | ded filing | |
| Debtor 1 Describe Employment Debtor 1 Debtor 2 Debtor 3 Debtor 4 Debtor 2 Debtor 5 Debtor 6 Debtor 7 Describe Employed Debtor 8 Debtor 9 | (Spouse, ii | First Name | Middle Name | Last Name |) | | = | J | |
| Describe Employment 1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Include part time, seasonal, or self-employed work. Occupation Employer's address Include part time, seasonal, or self-employed work. Occupation Employer's address Munster Med Consulting LLC Munster Indiana 46321 | United Sta | tes Bankruptcy Court for the: | Northern | | | - | | | |
| Deficial Form 106 Schedule I: Your Income as complete and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equally exponsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, relude information about your spouse. If you are separated and your spouse is not filling with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional ages, write your name and case number (if known). Answer every question. Part 1: Describe Employment I. Fill in your employment information. By ou have more than one job, attach a separate page with information about additional employers. Employed Debtor 1 Debtor 2 Employed Not Employed Number Street Munster Med Consulting LLC Number Street Munster Indiana 46321 City State Zip Code Toty State Zip Code | | ber | | (-1111 | , | _ | 1414/55 | ()000/ | |
| e as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally exponsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, clude information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional ages, write your name and case number (if known). Answer every question. Part 1: Describe Employment If you have more than one job, attach a separate page with information about additional employers. Include part time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Debtor 1 Debtor 2 Employed Not Employed Not Employed Not Employed Not Employed Number Street Number Street Munster Med Consulting LLC Number Street Number Street Munster Indiana 46321 City State Zip Code | , | 15 4001 | | | | | MM / DD | / ҮҮҮҮ | |
| e as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally exponsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, acclude information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional ages, write your name and case number (if known). Answer every question. Part 1: Describe Employment If you have more than one job, attach a separate page with information about additional employers. Include part time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Debtor 1 Debtor 2 Employed Debtor 2 Employed Not Employed Not Employed Not Employed Not Employed Number Street Number | | _ | | | | | | | |
| pesponsible for supplying correct information. If you are married and not filling jointly, and your spouse is living with you, colude information about your spouse. If you are separated and your spouse is not filling with you, do not include a formation about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional ages, write your name and case number (if known). Answer every question. Part 1: Describe Employment 1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Include part time, seasonal, or self-employed work. Occupation Employer's name Employer's name Employer's address Employer's address Tay35 Calumet Avenue Tay35 Calumet Avenue Number Street Number Street Number Street Number Street Number Street Tip Code | scned | dule I: Your Inc | ome | | | | | | 12 |
| If you have more than one job, attach a separate page with information about additional employers. Include part time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employment status If you have more than one job, attach a separate page with information about additional employers. Employer's name Employer's name Munster Med Consulting LLC Temployed Number Murse Munster Med Consulting LLC Temployed Number Street Number Street Munster Indiana 46321 City State Zip Code Tayor 6 months | | · | , , | | question. | | Dalla - 0 | | |
| If you have more than one job, attach a separate page with information about additional employers. Include part time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employment status Pemployed Not Employed | 1. | | | Debtor 1 | | | Debtor 2 | | |
| If you have more than one job, attach a separate page with information about additional employers. Cocupation Cocupat | | | Employment status | ✓ Employed | | | Employe | ed | |
| attach a separate page with information about additional employers. Cocupation Restorative Nurse | | • | | = | /ed | | | | |
| information about additional employers. Employer's name Employer's name Employer's address Femployer's address Employer's address Employer's address Femployer's address Femployer's address Femployer's address Occupation may include student or homemaker, if it applies. Munster Med Consulting LLC 7935 Calumet Avenue Number Street Number Street Munster Indiana 46321 City State Zip Code City State Zip Code | | | | _ | | | | , | |
| Include part time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's address 7935 Calumet Avenue Number Street Munster Indiana 46321 City State Zip Code Typer 6 menths | | | Occupation | Restorative Nu | irse | | | | |
| or self-employed work. Occupation may include student or homemaker, if it applies. Munster Indiana 46321 City State Zip Code Number Street | | employers. | Employer's name | Munster Med C | Consulting LLC | 0 | | | |
| or self-employed work. Occupation may include student or homemaker, if it applies. Munster Indiana 46321 City State Zip Code Number Street Number Street Number Street | | Include part time, seasonal, | Employer's address | 7035 Calumet A | lvenue | | | | |
| Occupation may include student or homemaker, if it applies. Munster Indiana 46321 City State Zip Code City State Zip Code | | | Employer's address | | wenue | | Number Stree | t | |
| student or homemaker, if it applies. Munster Indiana 46321 City State Zip Code City State Zip Code | | self-employed work. | | | | | | | |
| or homemaker, if it applies. Munster Indiana 46321 City State Zip Code City State Zip Code | | | | | | | | | _ |
| Munster Indiana 46321 City State Zip Code City State Zip Code | | | | - | | | | | |
| 1 year 6 months | | ог погнегнакег, iг it applies. | | | | | 0'' | | 7:0: |
| How long employed there? 1 year 6 months | | | | City | State | Zip Code | City | State | ∠ıp Code |
| Tion long employed district | | | How long employed there? | 1 year 6 months | 3 | | | | |
| | | | now long employed there. | | | | | | |
| | Part 2: | Give Details About i | wonthly income | | | | | | |
| Part 2: Give Details About Monthly Income | Estimate | monthly income as of the | date you file this form. If you be | ave nothing to ren | ort for any line | write \$0 in the s | enace Include | vour non-filing er | ouee unless vou |
| | | - | aate you me tims form. If you no | ave nothing to rep | OIL IOI ally line | e, write 50 iii tile s | pace. Include | your non-illing sp | ouse unless you |
| Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you | • | | re than one employer, combine th | ne information for | all employers | for that person on | the lines belo | w. If you need mo | ore space, attach |
| Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. | , , | 0 1 | To thair one omployer, combine to | ic inicirrication for | all chiployers | ioi triat person on | | w. ii you need iii | ore space, attacri |
| Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you | • | | | | For | Debtor 1 | | | |
| Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or | | | | | | | non-filing | spouse | |
| Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse | | | | | 2 | \$7,113.90 | | | |
| Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse | 3. Esti | mate and list monthly overt | ime pay. | 3 | 3. | + \$0.00 | | | |

4. Calculate gross income. Add line 2 + line 3.

\$7,113.90

Filed 05/23/16 Debtor 1 Lucinda Case 16-17842 Entered @5/27/1166 13:37:45 Desc Main Doc 1 Middle Name Documentame Page 38 of 77 For Debtor 2 or For Debtor 1 non-filing spouse Copy line 4 here 4 \$7,113.90 5. List all payroll deductions: \$2,009.43 5a. Tax, Medicare, and Social Security deductions 5a. 5b. 5b. Mandatory contributions for retirement plans \$0.00 5c. Voluntary contributions for retirement plans 5c. \$0.00 5d. Required repayments of retirement fund loans 5d. \$0.00 5e. Insurance 5e. \$364.50 5f. Domestic support obligations 5f. \$0.00 5q. Union dues 5g. \$0.00 5h. Other deductions. Specify: 5h. + \$140.70 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. \$2,514.63 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$4,599.27 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total \$0.00 monthly net income. 8a. 8b. Interest and dividends 8b. \$0.00 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$0.00 8d. Unemployment compensation 8d. \$0.00 8e. Social Security 8e. \$0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies 8f. \$0.00 8g. Pension or retirement income \$0.00 8g. 8h. Other monthly income. Specify: 8h. -\$0.00 9. Add all other income Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 9. \$0.00 10. Calculate monthly income. Add line 7 + line 9. 10. \$4,599.27 \$4,599.27 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 11. + \$0.00 Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 12. \$4,599.27 Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? Yes. Explain:

Debtor 1 Lucinda Case 16-17842 Doc 1 Filed 05/27/16 Entered 05/27/16 13:37:45 Desc Main
First Name Middle Name DocurherName Page 39 of 77

Part 2: Give Details About Monthly Income

| | For Debtor 1 | For Debtor 2 or non-filing spouse | |
|---------------------------------------|--------------|-----------------------------------|--|
| 5h.Other payroll deductions. Specify: | | | |
| 1. Dental | \$48.01 | | |
| 2. Uniform | \$75.36 | | |
| 3. Vision | \$17.33 | | |

| | Case 16-1784 | 12 Doc 1 Filed 05 | 5/27/16 Entered 05/ | 27/16 13:37:45 | Desc Main | |
|-----------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| Fill in this inform | ation to identify your cas | | J | | | |
| Debtor 1 | Lucinda | | House | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | Check if this is: | | |
| (Spouse, if filing | First Name | Middle Name | Last Name | An amended filing | ng | |
| United States Ba | ankruptcy Court for the: | Northern | District of Illinois | | | chapter 13 |
| Debtor 1 Lucinda | | | | | | |
| (If known) | | | | MM / DD / YYY | Y | |
| C(' - ' - E | 400 l | | | | • | |
| <u> Jificial F</u> | orm 106J | | | | | |
| Schedul | e J: Your Ex | kpenses . | | | | 12/1 |
| nformation. If m if known). Answ Part 1: Desc | nore space is needed, ver every question. ribe Your Househ | attach another sheet to this fo | | | | r |
| _ ′ | | | | | | |
| | | | | | | |
| Yes. Do | es Debtor 2 live in a s | eparate household? | | | | |
| | No | | | | | |
| | Yes. Debtor 2 must file | e Official Forms 106J-2, Expense | es for Separate Household of Deb | r, both are equally responsible for supplying correct op of any additional pages, write your name and case number Household of Debtor 2. It's relationship to Dependent's Does dependent live or Debtor 2 age with you? 21 years No. | | |
| 2. Do you have | dependents? | No | | | | |
| | | | Debtor 1 or Debtor 2 | age | with you? | nt live |
| | | | | | | |
| • | people other | NO . | | | | |
| | your \Box | ⁄es | | | | |
| dependents | ? | | | | | |
| Part 2: Estim | nate Your Ongoing | Monthly Expenses | | | | |
| Estimate your of expenses as of applicable date | expenses as of your b f a date after the bank s. | ankruptcy filing date unless yo ruptcy is filed. If this is a supp | lemental Schedule J, check the | - | • | |
| | | | | | Your | expenses |
| | | penses for your residence. Incl | ude first mortgage payments and | | 4. | \$1,310.00 |
| If not inclu | ded in line 4: | | | | | |
| 4a. Real est | ate taxes | | | | 4a _ | \$0.00 |
| 4b. Property | , homeowner's, or rente | er's insurance | | | 4b | \$20.00 |
| 4c. Home m | aintenance, repair, and u | upkeep expenses | | | 4c. | \$0.00 |

\$0.00

4d.

4d. Homeowner's association or condominium dues

Debtor 1 Lucind: Case 16-17842 Doc 1 Filed 05/12/16 Entered 05/12/1/16 (183:37:45 Desc Main

Document Page 41 of 77 Your expenses 5. Additional mortgage payments for your residence, such as home equity loans \$0.00 5. 6. Utilities: 6a. Electricity, heat, natural gas \$350.00 6a. 6b. Water, sewer, garbage collection \$35.00 6b. 6c. Telephone, cell phone, Internet, satellite, and cable services \$222.00 6c. 6d. Other. Specify: \$0.00 6d 7. Food and housekeeping supplies \$550.00 7. 8. Childcare and children's education costs \$0.00 8. 9. Clothing, laundry, and dry cleaning \$250.00 9. 10. Personal care products and services \$250.00 10. 11. Medical and dental expenses \$225.00 11. 12. Transportation. Include gas, maintenance, bus or train fare. \$425.00 12. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books \$0.00 13. 14. Charitable contributions and religious donations \$0.00 14. 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance \$29.00 15a 15b. Health insurance \$0.00 15b 15c. Vehicle insurance \$225.00 15c 15d. Other insurance. Specify: \$0.00 15d 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$0.00 16 17. Installment or lease payments: 17a. Car payments for Vehicle 1 \$458.00 17a 17b. Car payments for Vehicle 2 17b \$0.00 17c. Other. Specify: \$0.00 17c 17d. Other. Specify: \$0.00 17d 18. Your payments of alimony, maintenance, and support that you did not report as deducted from \$0.00 your pay on line 5, Schedule I, Your Income (Official Form 106l). 18. 19. Other payments you make to support others who do not live with you. Specify: \$0.00 19. 20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property \$0.00 20a 20b. Real estate taxes 20b. \$0.00 20b 20c. Property, homeowner's, or renter's insurance \$0.00 20c 20d. Maintenance, repair, and upkeep expenses 20d. \$0.00 20d 20e. Homeowner's association or condominium dues \$0.00 20e

| Debtor 1 | Lucinda Case 16-17842 | 2 Doc 1 | Filed 05/2416 | Entered 05/27/116/11 | &:37: <u>45 Desc Ma</u> | ain |
|--------------------|------------------------------------|--------------------|-------------------------------|------------------------|-------------------------|------------|
| | First Name | Middle Name | Documetnit ^{me} | Page 42 of 77 | | |
| 21. Other . | Specify: | | | | 21 | \$0.00 |
| | | | | | | |
| | late your monthly expenses. | | | | | \$4,349.00 |
| | dd lines 4 through 21. | | | | | \$0.00 |
| | copy line 22 (monthly expenses f | ** | • | -2 | | \$4,349.00 |
| 22c. A | dd line 22a and 22b. The result i | is your monthly e | xpenses. | | 22. | |
| 23. Calcu | late your monthly net income | . . | | | | |
| 23a. C | copy line 12 (your combined mor | nthly income) fror | n Schedule I. | | 23a | \$4,599.27 |
| 23b. C | copy your monthly expenses from | n line 22 above. | | | 23b | \$4,349.00 |
| | ubtract your monthly expenses fi | | rincome. | | | \$250.27 |
| | The result is your monthly net inc | come. | | | 23c | |
| 24. Do yo | ou expect an increase or decre | ease in your ex | penses within the year af | er you file this form? | | |
| For e | xample, do you expect to finish p | naving for your ca | ar loan within the year or do | VOLLEYDECT VOLIT | | |
| | gage payment to increase or dec | , , , | | | | |
| ✓ N | No | | | | | |
| \Box | 'es | | | | | |
| ш. | | | | | | |
| | Explain here: | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | Case 16-17842 | Doc 1 Filed 0 | 5/27/16 Enter | ed 05/27/16 13:37:45 | Desc Main |
|-------------------|--------------------------------------------------------|-----------------------------|----------------------------------------|--------------------------------------------------------|-------------------------------------|
| Fill in this info | rmation to identify your case | | 3/2//10 I IIIEI | -110.12.1/10 13.37.43 | Desc Main |
| Debtor 1 | Lucinda | | House | | |
| Debtor 2 | First Name | Middle Name | Last Name | | |
| | ng) First Name | Middle Name | Last Name | | |
| United States | Bankruptcy Court for the: | Northern | District of Illinois | | |
| Case number | | | (State) | | |
| (If known) | | | | | Check if this is a |
| Official | Form 106Dec | | | | amended filing |
| Declara | tion About ar | _ Individual De | btor's Sched | dules | 12/1: |
| | | , both are equally responsi | | | |
| | aud in connection with a b | | | | ing property, or obtaining money or |
| Did you ∣ | pay or agree to pay somed | one who is NOT an attorney | to help you fill out ban | kruptcy forms? | |
| | Name of person | | Attach Bankrupto Signature (Officia | cy Petition Preparer's Notice, Declar al Form 119). | ation, and |
| | enalty of perjury, I declare vare true and correct. | that I have read the summa | ry and schedules filed | with this declaration and | |
| ✗ /s/ Lucir | | | × | | |
| Signature | of Debtor 1 | | Signa | ture of Debtor 2 | |
| Date <u>5/2</u> | 7/2016 M/DD/YYYY | | Date | MM/DD/YYYY | |

| Fill in th | | se 16-17842 identify your case: | Doc 1 | Filed | 05/27/16 | Entered 0 | 5/27/16 13: | 37:45 | Desc Main |
|------------|-----------------------|------------------------------------|---------------------|------------|--------------------|---------------------|------------------|------------|------------------------------------|
| Debtor | | | | | House | J | | | |
| | First N | | Middle | Name | Last Na | | - | | |
| Debtor | | | | | | | - | | |
| (Spous | e, if filing) First N | Name | Middle | Name | Last Na | ame | | | |
| United | States Bankrupto | cy Court for the: | Northern | | District of Illi | nois state) | - | | |
| Case n | | | | | (0 | naic) | - | | |
| Offic | cial Forn | n 107 | | | | | | | Check if this is a mended filing |
| | | f Financia | al Affairs | for | Individua | als Filing | for Banl | krupt | Cy 12/ |
| | | | | | | | | | ing correct information. If more |
| pace is | s needed, attacl | n a separate sheet | to this form. Or | n the top | of any additiona | al pages, write yo | our name and cas | se numbei | r (if known). Answer every questio |
| Part 1: | Give Detail | Is About Your N | Marital Status | s and V | Vhere You Liv | ved Before | | | |
| | | urrent marital stati | | | | | | | |
| 1. | _ | arrent mantai stati | 19 : | | | | | | |
| | Married | | | | | | | | |
| | ✓ Not married | l | | | | | | | |
| 2. | During the last | 3 years, have you | ived anywhere | other tha | an where you live | e now? | | | |
| | No | | | | | | | | |
| | | of the places you live | ed in the last 3 ye | ars. Do n | ot include where y | ou live now. | | | |
| ' | | | · | | · | | | | |
| | Debtor 1: | | | Dates | s Debtor 1 lived | Debtor 2: | | | Dates Debtor 2 lived |
| | 20000 | | | there | | 20000 20 | | | there |
| | | | | | | ☐ Samo ar | s Debtor 1 | | Same as Debtor 1 |
| | | | | | | Same as | s Debior 1 | | Same as Debior 1 |
| | 13231 S. Co | | | - From | 5/1/2014 | Ni mahay Ctr | | | From |
| | Number St | reet | | _ To | 6/30/2015 | Number Str | eet | | To |
| | | | | _ 10 | 0/30/2013 | | | | 10 |
| | Chicago City | Illinois State | 60633 Zip Code | _ | | City | State | Zip Co | |
| | City | Sidle | Zip Code | | | | | Zip GC | Same as Debtor 1 |
| | | | | | | Same as | s Debtor 1 | | Same as Debior 1 |
| | 1407 Fieldst | | | - From | 5/1/2010 | N. salasa Ota | | | From |
| | Number St | reet | | _ To | 5/1/2014 | Number Str | eet | | To |
| | | | | _ 10 | 3/1/2014 | | | | 10 |
| | Cordova | Tennessee | 38016 | _ | | C:t- | Otata | 7:- 0 | |
| | City | State | Zip Code | | | City | State | Zip Co | JUE |
| | | | | | | | | | (Community property states and |
| ter | ritories include A | Arizona, California, Id | daho, Louisiana, | Nevada, | New Mexico, Pue | erto Rico, Texas, V | ashington, and W | isconsin.) | |
| ✓ | No | | | | | | | | |
| | Yes. Make sur | e you fill out Schedu | le H: Your Codel | otors (Off | ficial Form 106H). | | | | |
| | | | | | | | | | |

Debtor 1 Lucind Case 16-17842 First Name Filed 05/24/16 Entered 05/27/16/12:37:45 Desc Main Documenter Page 45 of 77 Doc 1 Part 2: Explain the Sources of Your Income

| 4. | Did you have any income from employmentrill in the total amount of income you received from activities. If you are filing a joint case and you have | rom all jobs and all businesses | including part-time | | |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------|
| | No✓ Yes. Fill in the details. | | | | |
| | | Debtor 1 | | Debtor 2 | |
| | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | From January 1 of current year until the date you filed for bankruptcy: | ✓ Wages, commissions, bonuses, tips✓ Operating a business | \$31346.81 | Wages, commissions, bonuses, tips Operating a business | |
| | For last calendar year: (January 1 to December 31, | Wages, commissions, bonuses, tips Operating a business | \$69113.78 | Wages, commissions, bonuses, tips Operating a business | |
| | For the calendar year before that: (January 1 to December 31, | ✓ Wages, commissions, bonuses, tips✓ Operating a business | \$63000.00 | Wages, commissions, bonuses, tips Operating a business | |
| | Did you receive any other income during this Include income regardless of whether that income benefit payments; pensions; rental income; intervand you have income that you received together, List each source and the gross income from each No Yes. Fill in the details. | ne is taxable. Examples of other est; dividends; money collected list it only once under Debtor 1. | income are alimony; child su from lawsuits; royalties; and | gambling and lottery winnings. | |
| | | Debtor 1 | | Debtor 2 | |
| | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) |
| | From January 1 of current year until the date you filed for bankruptcy: | | | | |
| | For last calendar year: (January 1 to December 31, 2015) YYYY | | | | |
| | For the calendar year before that: (January 1 to December 31, 2014) YYYY | | | | |

Filed 05/2ଅ/16 Entered 05/2ଅ/116 /112:37:45 Desc Main Document Page 46 of 77 Debtor 1 Lucinda Case 16-17842 First Name Doc 1

| Pa | rt 3: | List Ce | rtain Pa | yments Y | ou Made Before | You Filed for Ban | kruptcy | | |
|----|------------|--------------------------|-------------|---------------|--------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------------------------|
| 6. | Are e | either Dek | otor 1's o | Debtor 2's | debts primarily con | sumer debts? | | | |
| | <u> </u> | | | | tor 2 has primarily c usehold purpose." | onsumer debts. Consu | umer debts are defined in 11 | U.S.C. § 101(8) as "incurred | d by an individual primarily |
| | | Durin | ng the 90 d | lays before y | ou filed for bankruptcy, | did you pay any creditor | a total of \$6,425* or more? | | |
| | | | No. Go to | line 7. | | | | | |
| | | | total | amount you | paid that creditor. Do | not include payments for | nore in one or more payment r domestic support obligation attorney for this bankruptcy ca | s, such as | |
| | | * Sub | ject to adj | ustment on 4 | /01/19 and every 3 yea | ars after that for cases file | ed on or after the date of adju | stment. | |
| | ✓ \ | es. Debt | or 1 or D | ebtor 2 or b | oth have primarily c | onsumer debts. | | | |
| | | Durin | ng the 90 d | lays before y | ou filed for bankruptcy, | did you pay any creditor | a total of \$600 or more? | | |
| | | / | No. Go to | line 7. | | | | | |
| | | | that | creditor. Do | not include payments | | e and the total amount you pa ligations, such as child suppo nkruptcy case. | | |
| | | | | | | Dates of payment | Total amount paid | Amount you still owe | Was this payment for |
| | | Creditor's Number City | | State | Zip Code | | | | Mortgage Car Credit card Loan repayment Suppliers or vendors Other |
| | | Creditor's | c Nama | | | | | | Mortgage |
| | | | | | | | | | Car |
| | | Number | Street | | | | | | Credit card |
| | | | | | | | | | Loan repayment Suppliers or |
| | | City | | State | Zip Code | | | | vendors |
| | | | | | | | | | Other |
| | | Creditor's | s Name | | | | | | ☐ Mortgage ☐ Car |
| | | Number | Street | | | | | | Credit card |
| | ▼ Ye | | | | | | | | Loan repayment |
| | | City | | Stata | Zin Codo | | | | Suppliers or vendors |
| | | City | | State | Zip Code | | | | Other |

Lucinda Case 16-17842 Doc 1 Filed 05/12416 Entered 05/27/166/163/37:45 Desc Main Debtor 1 Document Page 47 of 77 Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Yes. List all payments to an insider. Dates of Total amount paid Amount you still Reason for this payment payment owe Insider's Name Number Street City State Zip Code Insider's Name Number Street City State Zip Code Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments that benefited an insider. Dates of Total amount paid Amount you still Reason for this payment payment owe Include creditor's name Insider's Name Number Street City State Zip Code Insider's Name Number Street City State Zip Code

Filed 05/427/16 Entered 05/427/16/1/43/37:45 Desc Main Document Page 48 of 77 Debtor 1 Lucinda Case 16-17842 First Name Doc 1

| No Yes. Fill in the details. | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------|------------------|------------------------------------------|
| | Nature of the case | Court or | agency | | Status of the case |
| Case title | | | | | Pending |
| Case number | | Court Nar | me | | On appeal |
| Case number | | Number S | Street | | Concluded |
| | | City | State | Zip Code | _ |
| Case title | | | | | Pending |
| Occa acceptan | | Court Nar | me | | On appeal |
| Case number | | Number S | Street | | Concluded |
| | | City | State | Zip Code | _ |
| thin 1 year before you filed for eck all that apply and fill in the det No. Go to line 11. Yes. Fill in the information belov | | | eclosed, garnish | ned, attached, s | eized, or levied? Value of the property |
| eck all that apply and fill in the det | ails below. | | eclosed, garnish | | Value of the |
| eck all that apply and fill in the det No. Go to line 11. Yes. Fill in the information belov | ails below. | roperty | eclosed, garnish | | Value of the |
| eck all that apply and fill in the det No. Go to line 11. Yes. Fill in the information belov | Describe the p | appened | eclosed, garnish | | Value of the |
| eck all that apply and fill in the det No. Go to line 11. Yes. Fill in the information belov Creditor's Name | Describe the p Explain what h | appened as repossessed. | eclosed, garnish | | Value of the |
| eck all that apply and fill in the det No. Go to line 11. Yes. Fill in the information belov Creditor's Name | Explain what h | appened | eclosed, garnish | | Value of the |
| eck all that apply and fill in the det No. Go to line 11. Yes. Fill in the information belov Creditor's Name | Describe the p Explain what h Property wa | roperty appened as repossessed. as foreclosed. as garnished. as attached, seized | | | Value of the property |
| eck all that apply and fill in the detect All that apply app | Explain what h Property wa Property wa Property wa | roperty appened as repossessed. as foreclosed. as garnished. as attached, seized | | | Value of the |
| eck all that apply and fill in the detect apply appl | Describe the p Explain what h Property wa | roperty appened as repossessed. as foreclosed. as garnished. as attached, seized | | Date | Value of the property Value of the |
| eck all that apply and fill in the detect All that apply app | Describe the p Explain what h Property wa | appened as repossessed. as foreclosed. as garnished. as attached, seized | | Date | Value of the property Value of the |

| Deb | tor 1 | | <u>d 05/27/16 Entered </u> 05/27/166/1/2/37: cumente Page 49 of 77 | 45 Desc | Main |
|------|----------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------|-------------------------|
| 11. | | | creditor, including a bank or financial institution, set of | ff any amounts fr | om your |
| | | No Yes. Fill in the details. | | | |
| | | | Describe the action the creditor took | Date action was taken | Amount |
| | | Creditor's Name | | | |
| | | Number Street | Last 4 digits of account number: XXXX- | | |
| | | City State Zip Code | | | |
| 12. | | nin 1 year before you filed for bankruptcy, was any of iver, a custodian, or another official? | your property in the possession of an assignee for th | e benefit of credi | tors, a court-appointed |
| | ✓ | No Yes | | | |
| Part | 5: | List Certain Gifts and Contributions | | | |
| 13. | Wi | thin 2 years before you filed for bankruptcy, did you go No Yes. Fill in the details for each gift. | give any gifts with a total value of more than \$600 per | person? | |
| | | Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
| | | Person to Whom You Gave the Gift | | | |
| | | Number Street | | | |
| | | City State Zip Code Person's relationship to you | | | |
| | | Person to Whom You Gave the Gift | | | |
| | | Number Street | | | |
| | | City State Zip Code Person's relationship to you | | | |
| | | <u> </u> | | 1 | |

| | | FIRST Name | Iviladie ivame Do | ocument Page 50 of 77 | | |
|------|--------------|--------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------|
| 14. | With | nin 2 years before you filed fo | | give any gifts or contributions with a total value of mor | e than \$600 to an | y charity? |
| | | No Yes. Fill in the details for each g | gift or contribution. | | | |
| | | Gifts with a total value of mo | | Describe the gifts | Dates you gave the gifts | Value |
| | | Charity's Name | | | | |
| | | | | | | |
| | | Number Street | 7.0.1 | | | |
| Part | 6. | City State List Certain Losses | Zip Code | | | |
| 15. | With | in 1 year before you filed for I | oankruptcy or since y | ou filed for bankruptcy, did you lose anything because | of theft, fire, othe | r disaster, or |
| | _ | bling? No | | | | |
| | | Yes. Fill in the details. | | | | |
| | | Describe the property you los how the loss occurred | st and | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending | Date of your loss | Value of property lost |
| | | | | insurance claims on line 33 of Schedule A/B: Property. | | |
| | | | | | l | |
| Part | 7 : I | List Certain Payments o | r Transfers | | | |
| 16. | seek | ing bankruptcy or preparing a | a bankruptcy petition? | r anyone else acting on your behalf pay or transfer any p? ? t counseling agencies for services required in your bankrupto | | ne you consulted about |
| | | No Yes. Fill in the details. | | | | |
| | | | | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | | Nohr, Alex | | Attomey's Fee - 350.00 | 5/20/2016 | \$350.00 |
| | | Person Who Was Paid | | | | |
| | | Number Street | | | | |
| | | City State | Zip Code | | | |
| | | Email or website address | | | | |
| | | Person Who Made the Payment | t, if Not You | | 1 | |
| | | Person Who Was Paid | | | | |
| | | Number Street | | | | |
| | | City State | Zip Code | | | |
| | | Email or website address | _ip 0000 | | | |
| | | | t if Not Vo | | | |
| | | Person Who Made the Payment | I, IT INOT YOU | | 1 | |

Debtor 1 Lucind Case 16-17842 Doc 1 Filed 05/127/16 Entered 05/127/166/123/37:45 Desc Main

| | Yes. Fill in the details. | Description and value of any prop | erty transferred | Date payment or transfer | Amount of p | aymen |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------|-----------------------------------|-----------------|----------------|
| | | | | was made | | |
| | Person Who Was Paid | | | | | |
| | Number Street | | | | | |
| | City State Zip Code | | | | | |
| Inclu trans | nary course of your business or financial affairs de both outright transfers and transfers made as se fers that you have already listed on this statement. No Yes. Fill in the details. | | erest or mortgage on | your property). Do | not include gif | ts and |
| | | Description and value of any property transferred | | property or paymebts paid in exch | | transf made |
| | Person Who Received Transfer | _ | | | | |
| | Number Street | | | | | |
| | City State Zip Code Person's relationship to you | | | | | |
| | Person Who Received Transfer | _ | | | | |
| | Number Street | | | | | |
| | | | | | | |
| | City State Zip Code Person's relationship to you | | | | | |
| (The | | you transfer any property to a self-settle | d trust or similar d | evice of which yo | u are a benefic | ciary? |
| (The | Person's relationship to you nin 10 years before you filed for bankruptcy, did se are often called asset-protection devices.) | you transfer any property to a self-settle Description and value of the prop | | evice of which yo | | ciary? |

Filed 05/27/16 Entered 05/27/16/12:37:45 Desc Main

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

Debtor 1 Lucind Case 16-17842 First Name Doc 1 Document Page 52 of 77

| 20. | 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. | | | | | | | | | | |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------|--------------------|--------------|----------------------|--------------|-----------------|----------------------------|---------------------------------------------------------------|-----------------------------------------------|
| | | No Yes. Fill in the details | S. | | | | | | | | |
| | _ | | | | Last 4 | 4 digits of a per | account | Type of instrum | account or ent | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| | | Person Who Was Pa | aid | | — xxxx | - | | ☐ Che | ecking | | |
| | | Number Street | | | - | | | _ | ney market kerage er | | |
| | | City | State | Zip Code | _ | | | | | | |
| | | Person Who Was Pa | aid | | — xxxx | - | | | cking ings | | |
| | | Number Street | | | <u> </u> | | | = | ney market kerage | | |
| | | City | State | Zip Code | _ | | | Oth | er | | |
| 21. | valu | ou now have, or die ables? | d you have v | vithin 1 year befo | re you file | d for bankı | ruptcy, any | safe deposit | box or other deposito | ry for securities, | cash, or other |
| | | Yes. Fill in the details | S. | | Who else | had acces | ss to it? | | Describe the contents | s | Do you still have it? |
| | | Name of Financial I | nstitution | | Name | | | | | | ☐ No ☐ Yes |
| | | Number Street | | | Number | Street | | | | | |
| | | City | State | Zip Code | City | Sta | te Z | Zip Code | | | |
| 22. | Have | | | | other than | your home | e within 1 y | ear before y | ou filed for bankruptcy | ? | |
| | | No Yes. Fill in the details | S. | | | | | | | | |
| | | | | | Who else | had acces | ss to it? | | Describe the contents | S | Do you still have it? |
| | | Compass Storage Name of Storage Fa 2556 Bernice Rd. | acility | | Name | | | | Mink Coat, Knife Collect | ction | ☐ No ✓ Yes |
| | | Number Street | | | Number | Street | | | | | _ |
| | | | Illinois State | 60438 Zip Code | City | Sta | te Z | Zip Code | | | |

| Deb | otor 1 | Lucind Case 16-17842 Doc 1 First Name Middle Name | Filed 05/4 Docume | <u>2u7∉16 Er</u> ^g rNt ^{me} Paç | ntered | പ്പ്6 ഷം3:37: <u>45 Desc Mai</u> | <u>n</u> |
|------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------|-----------------|
| Part | 9: | Identify Property You Hold or Contro | I for Someo | ne Else | | | |
| 23. | Do y | you hold or control any property that someone No Yes. Fill in the details. | e else owns? l | nclude any pro | perty you borro | wed from, are storing for, or hold in tru | st for someone. |
| | ш | Too. I ill ill die detaile. | Where is th | e property? | | Describe the contents | Value |
| | | Owner's Name | Number Stre | eet | | - | |
| | | Number Street | | | | - | |
| | | | - City | State | Zip Code | - | |
| | | City State Zip Code | _ | Ciais | <u> </u> | | |
| Par | t 10: | Give Details About Environmental In | nformation | | | | |
| | | urpose of Part 10, the following definitions apply: | | | | | |
| Rej | ha in | nvironmental law means any federal, state, or local azardous or toxic substances, wastes, or material is cluding statutes or regulations controlling the clear ite means any location, facility, or property as defined used to own, operate, or utilize it, including disposazardous material means anything an environment axic substance, hazardous material, pollutant, contail notices, releases, and proceedings that you know | nto the air, land, nup of these sul ed under any en sal sites. tal law defines a aminant, or simil | , soil, surface was bstances, waste vironmental law, s a hazardous w lar term. | ter, groundwater, s, or material. whether you now aste, hazardous s | or other medium, own, operate, or utilize it | |
| 24. | Has | any governmental unit notified you that you n | may be liable o | or potentially lia | able under or in | violation of an environmental law? | |
| | | Yes. Fill in the details. | | | | | |
| | | | Governmen | ntal unit | | Environmental law, if you know it | Date of notice |
| | | Name of site | Governmenta | al unit | | - | |
| | | Number Street | Number Stre | eet | | - | |
| | | | City | State | Zip Code | - | |
| | | City State Zip Code | _ | | | | |
| 25. | Hav | e you notified any governmental unit of any re | elease of hazar | dous material | ? | | |
| | | No Yes. Fill in the details. | | | | | |
| | | | Governmen | ntal unit | | Environmental law, if you know it | Date of notice |
| | | Name of site | Government | al unit | | - | |
| | | Number Street | Number Stre | eet | | - | |
| | | | City | State | Zip Code | - | |
| | | City State Zip Code | | | | | |

| Debt | tor 1 | Lucinda Case 16-1784 First Name | 2 Doc 1 F Middle Name | <u>-iled 05/2₄416</u> Documetnt ^{me} | <u>Entered</u> 05/27 Page 54 of 77 | /116/143i37: <u>45</u> | Desc Main |
|------|----------|---------------------------------------------------------|---------------------------|--------------------------------------------------|----------------------------------------------|-------------------------|----------------------------------------------------------|
| 26. | Hav | e you been a party in any ju | dicial or administra | tive proceeding under a | any environmental law | ? Include settlements a | and orders. |
| | ✓ | No | | | | | |
| | Ц | Yes. Fill in the details. | | Court or agency | | Nature of the case | Status of the |
| | | Case title | | | | | case |
| | | | | Court Name | | | Pending |
| | | | | | | | On appeal |
| | | Case number | | Number Street | | | Concluded |
| | | _ | | City State | e Zip Code | | |
| Part | 11: | Give Details About Yo | ur Business or | Connections to An | y Business | | |
| 27. | With | nin 4 years before you filed t | for bankruptcy, did y | you own a business or | have any of the follow | ing connections to any | business? |
| | | A sole proprietor or self-e | employed in a trade, p | profession, or other activit | ty, either full-time or part- | -time | |
| | | A member of a limited lia | | or limited liability partners | ship (LLP) | | |
| | | A partner in a partnership An officer, director, or ma | | a corporation | | | |
| | | An owner of at least 5% of | | | on | | |
| | ✓ | No. None of the above applies | . Go to Part 12. | | | | |
| | | Yes. Check all that apply abov | e and fill in the details | | | | |
| | | | | Describe the nat | ture of the business | | ntification number Do not Il Security number or ITIN. |
| | | Business Name | | | | EIN: | |
| | | | | | | Bata di salam | |
| | | Number Street | | Name of accoun | Name of accountant or bookkeeper | | ss existed |
| | | City State | Zip Code | | | From | To |
| | | | | | | | |
| | | | | Describe the nat | ture of the business | | ntification number Do not |
| | | Business Name | | | | EIN: | |
| | | | | | | | |
| | | Number Street | | Name of accoun | tant or bookkeeper | Dates busines | ss existed |
| | | City State | Zip Code | | | From | To |
| | | | | | | | |
| | | | | Describe the nat | ture of the business | | ntification number Do not |
| | | | | | | | I Security number or ITIN. |
| | | Business Name | | | | EIN: | |
| | | Number Street | | Name of accoun | ntant or bookkeeper | Dates busines | ss existed |
| | | City State | Zip Code | | or bookkeeper | From | To |
| | | o.i.j Giale | Zip Oode | | | | |
| | | | | | | | |

| Debto | or 1 | Lucinda Cas | e 16-17842 | | d 05⊬2√3/€16 | | <u>red</u> | Desc Main |
|----------|------------|------------------------|---------------------|--------------------------------------------------|------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| | | First Name | | Middle Name DC | ocum e nt ^{me} | Page | 55 of 77 | |
| | | nin 2 years book | • | oankruptcy, did you g | ive a financial st | tatement t | o anyone about your business? In | clude all financial institutions, |
| | | No Yes. Fill in the | e details below. | | | | | |
| | _ | | | | Date issued | | | |
| | | Name | | | MM/DD/YYYY | | | |
| | | Number S | Street | | - | | | |
| | | City | State | Zip Code | - | | | |
| Part 1 | 12: | Sign Belo |)W | | | | | |
| aı | nd c | orrect. I und | erstand that makin | g a false statement, o p to \$250,000, or imp | concealing prope | erty, or ob | a, and I declare under penalty of per taining money or property by fraud rs, or both. 18 U.S.C. §§ 152, 1341, 7 | d in connection with a |
| | | 5 | Signature of Debtor | 1 | | | Signature of Debtor 2 | |
| | | I | Date 5/27/2016 | | | | Date | |
| D | _ | | ditional pages to Y | our Statement of Fin | ancial Affairs for | r Individu | als Filing for Bankruptcy (Official F | Form 107)? |
| <u> </u> | | √o ′es | | | | | | |
| D | | | ree to pay someon | e who is not an attorr | ney to help you fi | ill out ban | kruptcy forms? | |
| Ī. | 7 N | lo | | | | | | |
| Ē | | es. Name of p | person | | | | Attach the Bankruptcy Petition Declaration, and Signature (Of | • |
| | | | | | | | = ' | |

B 203 (12/94)

Case 16-17842 Doc 1 Filed 05/27/16 Entered 05/27/16 13:37:45 Desc Main Document Page 56 of 77

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re | Lucinda House | Case No. | |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------|
| | Debtor | | (If known) |
| | | Chapter | Chapter 13 |
| | DISCLOSURE OF COMPENSAT | TION OF ATTORNEY FOR | R DEBTOR |
| 1 | . Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b compensation paid to me within one year before the filing rendered or to be rendered on behalf of the debtor(s) in co | of the petition in bankruptcy, or agreed to | be paid to me, for services |
| | For legal services, I have agreed to accept | | \$4,000.00 |
| | Prior to the filing of this statement I have received | | \$350.00 |
| | Balance Due | | \$3,650.00 |
| 2 | . The source of the compensation paid to me was: | | |
| | ✓ Debtor Other (sp | ecify) | |
| 3 | . The source of the compensation paid to me is: | | |
| | ✓ Debtor Other (sp | ecify) | |
| 4 | I have not agreed to share the above-disclosed components and associates of my law firm. | ensation with any other person unless the | ey are |
| | I have agreed to share the above-disclosed compensation members or associates of my law firm. A copy of the the people sharing in the compensation, is attached. | | |
| 5 | In return for the above-disclosed fee, I have agreed to rer a. Analysis of the debtor's financial situation, and rend bankruptcy; | | |
| | b. Preparation and filing of any petition, schedules, st | tatements of affairs and plan which may b | pe required; |
| | c. Representation of the debtor at the meeting of cred | litors and confirmation hearing, and any a | djourned hearings thereof; |

d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;

| 6. | Case 16-17842 By agreement with the debtor | | Entered 05/27/16 Page 57 of 77 s not include the followin | Desc Main | |
|----|---------------------------------------------|--|-----------------------------------------------------------------|-----------|--|
| | | | | | |
| | | | | | |
| | | | | | |

| CERTIFICATION | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--|--|--|--|--|
| I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings. | | | | | | |
| 5/27/2016 | /s/ Alex Nohr | | | | | |
| Date | Signature of Attorney | | | | | |
| | Semrad Law Firm | | | | | |
| | Name of law firm | | | | | |

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Revised as of 4/20/15)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.

- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate

tasks and functions for the attorney amd support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.

- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4000.00
- 2. In addition, the debtor will pay the filing fee required in the case of \$ 310.00
- 3. Before signing this agreement, the attorney has received, \$ 350.00 toward the flat fee, leaving a balance due of \$ 3650.00 ; and \$ 61.76 for expenses, leaving a balance due for the filing fee of \$ 310.00

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date:

Signed:

Debtor(s)

Attorney for the Debtor(s)

Do not sign this agreement if the amounts are blank.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

| | \$245 | filing fee |
|---|-------|--------------------|
| | \$75 | administrative fee |
| + | \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

Case 16-17842 Doc 1 Filed 05/27/16 Document

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form — the Chapter 7 Means Test Calculation (Official Form 122A-2). The calculations on the form— sometimes called the Means Test —deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

Entered 05/27/16 13:37:45 Desc Main Page 65 of 77 your income is more than the median income for

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

| | \$1,167 | filing fee |
|---|---------|--------------------|
| + | \$550 | administrative fee |
| | \$1,717 | total fee |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://www.justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Case 16-17842 Doc 1 Filed 05/27/16 Entered 05/27/16 13:37:45 Desc Main UNITED STATES BANKBURG CY COURT Northern District of Illinois

| In re: | House, Lucinda | Case No. | | | | |
|---------------------------------|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------|--|--|--|
| | Debtor(s) | | | | | |
| | | Chapter | Chapter13 | | | |
| VERIFICATION OF CREDITOR MATRIX | | | | | | |
| | The above named Debtors hereby verify that the a | ve named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowled | | | | |
| | | | | | | |
| Date: | 5/27/2016 | /s/ House, Lucinda | | | | |
| | | House, Lucinda | | | | |

Signature of Debtor

Case 16-17842 Doc 1 Filed 05/27/16 Entered 05/27/16 13:37:45 Desc Main Document Page 69 of 77

US DEPT OF ED/GLELSI 2401 INTERNATIONAL LN MADISON , WI 53704 USA

FORT SILL NATIONAL BAN 511 SW A AVE LAWTON , OK 73501 USA

MLGW COLL 245 S MAIN MEMPHIS , TN 38101 USA

CREDITONEBNK PO BOX 98872 LAS VEGAS , NV 89193 USA

BK OF AMER P.O. Box 15026 Wilmington , DE 19801 USA

CONS REC SYS 2650 Thousand Oaks Blvd # 4220 Memphis , TN 38118 USA

PEOPLES ENGY 200 EAST RANDOLPH CHICAGO , IL 60601 USA

Internal Revenue Service P.O. Box 7346 Philadelphia , PA 19101 USA

Fanciscan Alliance 28044 Network Place Chicago , IL 60673 USA

CREDIT ACCEPTANCE PO BOX 513 Southfield , MI 48037 USA

Midland Credit Management 2365 Northside Dr # 300 San Diego , CA 92108 USA

Royal Furniture 339 S Green Bay Rd Waukegan , IL 60085 USA Case 16-17842 Doc 1 Filed 05/27/16 Entered 05/27/16 13:37:45 Desc Main Document Page 70 of 77

Portfolio Recovery Associates, LLC 120 Corporate Blvd, Suite 1 Norfolk , VA 23502 USA

Jefferson Capital Systems LLC PO Box 7999 Saint Cloud , MN 56302 USA

Premier Bankcard/Charter PO Box 2208 Vacaville , CA 95696 USA

GINNYS 1112 7TH AVE MONROE , WI 53566 USA

Midnight Velvet 1112 7TH AVE POB 2821 Monroe , WI 53566 USA

SEVENTH AVENUE 1112 7TH AVE MONROE , WI 53566 USA

Equable Ascent Financial 1120 W. Lake Cook Road, Suite A Buffalo Grove , IL 60089 USA

Calvary Portfolio Services 500 Summit Lake Dr. Suite 400 Valhalla , NY 10595 USA

WELLS FARGO BANK PO Box 5058 MAC P6053-021 Portland , OR 97208 USA

Covington Pike Acceptance Company 2080 Covington Pike Memphis , TN 38128 USA

American Family Dentistry- Saddle Creek Revenue Recovery Corporation Knoxville , TN 37901 USA

Methodist Lebonheur Healthcare C/O Consolidated Recovery Systems Memphis , TN 38118 USA Case 16-17842 Doc 1 Filed 05/27/16 Entered 05/27/16 13:37:45 Desc Main g Associates Of Indiana Document Page 71 of 77

Imaging Associates Of Indiana 75 Remittance Drive Dept 1273 Chicago , IL 60675 USA

Village of Calumet City 204 Pulaski Rd Calumet City , IL 60409 USA

| Case 16-1 | 17842 Doc 1 Filed 05/2 | 27/16 Entered 05/27/16 Journal Page 72 of Grand Prince | 13:37:45 Desc Main |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| Part 6: Answer These Qu | Jestions for Reporting Purpose | | |
| 16. What kind of debts do you have? | 16a. Are your debts primarily as "incurred by an individu ☐ No. Go to line 16b. ☐ Yes. Go to line 17. 16b. Are your debts primarily obtain money for a busine investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. | | ts are debts that you incurred to operation of the business or |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid tha funds will be available for distribution to unsecured creditors? | paid that funds will be availabed. No. Yes. | | erty is excluded and administrative expenses are |
| 18. How many creditors do you estimate that you owe? | ✓ 1-49☐ 50-99☐ 100-199☐ 200-999 | 1,000-5,000 5,001-10,000 10,001-25,000 | 25,001-50,000 50,001-100,000 More than 100,000 |
| 19. How much do you estimate your assets to be worth? | ✓ \$0-\$50,000 ☐ \$50,001-\$100,000 ☐ \$100,001-\$500,000 ☐ \$500,001-\$1 million | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 millior \$100,000,001-\$500 million | |
| 20. How much do you estimate your liabilities to be? | ✓ \$0-\$50,000 ☐ \$50,001-\$100,000 ☐ \$100,001-\$500,000 ☐ \$500,001-\$1 million | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | |
| Part 7: Sign Below | I have examined this potition a | nd I dealars under papelty of per | in that the information provided is true |
| For you | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, | | |
| | or both. 18 U.S.C. §§ 152,/1341 /s/ Lucinda House Signature of Debtor 1 | mb How × | ature of Debtor 2 |
| | Executed on 5/20/2016 MM / DD / | | cuted on |

Case 16-17842 Doc 1 Filed 05/27/16 Entered 05/27/16 13:37:45 Desc Main Fill in this information to identify your case: Debtor 1 Lucinda House First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois (State) Case number (If known) Check if this is an Official Form 106Dec amended filing **Declaration About an Individual Debtor's Schedules** 12/15 If two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Part 1: Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct

Signature of Debtor 2

MM/DD/YYYY

Date

/s/ Lucinda House Signature of Debtor 1

Date 5/20/2016

MM/DD/YYYY

| Debtor 1 | Lucinda Case 16-17842 | Doc 1 | Filed 05/27/16 | Entered 05/27/16 13 37:45 | Desc Main |
|----------|----------------------------------------------------------------------------------------------------|-----------------------|----------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | First Name | Middle Name | Documentame | Page 74 of 77 | apparamentajaman merikan adalah dalah dala |
| | hin 2 years before you filed for ditors, or other parties. | r bankruptcy, di | id you give a financial s | tatement to anyone about your business? In | clude all financial institutions, |
| ☑ | No Yes. Fill in the details below. | | | | |
| | | | Date issued | | |
| | Name | | MM/DD/YYYY | | |
| | Number Street | · · | | | |
| | City State | Zip Coo | de | | |
| art 12: | Sign Below | | | | |
| and bank | correct. I understand that mak ruptcy case can result in fines /s/ Lucinda Hou Signature of Debto | up to \$250,090 se | , or imprisonment for u | verty, or obtaining money or property by frauco to 20 years, or both. 18 U.S.C. §§ 152, 1341, | d in connection with a 1519, and 3571. |
| | Date 5/20/2016 | l | | Date | |
| Did y | ou attach additional pages to | Your Statemer | nt of Financial Affairs fo | er Individuals Filing for Bankruptcy (Official I | Form 107)? |
| V | No | | | | |
| | Yes | | | | |
| Did y | | | | | |
| | ou pay or agree to pay someo | ne who is not a | n attorney to help you | fill out bankruptcy forms? | |
| V | vou pay or agree to pay someo No | ne who is not a | n attorney to help you | Fill out bankruptcy forms? Attach the Bankruptcy Petition | |

| Deb | tor 1 | Case 16-17842 Doc 1 Filed 05/27/16 Entered 05/27/16 13:37:45 Desc Main First Name Middle Name Document Page 75 of 77 | |
|-----|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 16. | Calc | culate the median family income that applies to you. Follow these steps: | |
| | 16a. | Fill in the state in which you live. | |
| | 16b. | Fill in the number of people in your household. | |
| | 16c. | Fill in the median family income for your state and size of household To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. | \$63,896.00 |
| 17. | Hov | w do the lines compare? | |
| | 17a. | Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Disposable Income (Official Form 122C-2). | |
| | 17b. | Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, <i>Disposable income is determined under 11 U.S.C.</i> § 1325(b)(3). Go to Part 3 and fill out Calculation of Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. | |
| art | 3: | Calculate Your Commitment Period Under 11 U.S.C. §1325(b)(4) | • |
| 18. | Сор | by your total average monthly income from line 11. | \$7,175.14 |
| 19. | | fuct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the imitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. | • |
| | 19a. | . If the marital adjustment does not apply, fill in 0 on line 19a. | -\$0.00 |
| | 19b. | Subtract line 19a from line 18. | \$7,175.14 |
| 20. | Calc | culate your current monthly income for the year. Follow these steps: | |
| | 20a. | Copy line 19b. | \$7,175.14 |
| | | Multiply by 12 (the number of months in a year). | x 12 |
| | 20b. | . The result is your current monthly income for the year for this part of the form. | \$86,101.68 |
| | 20c. | Copy the median family income for your state and size of household from line 16c. | \$63,896.00 |
| 21. | How | v do the lines compare? | |
| | - Investorial | Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4. | |
| | - | Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, <i>The commitment period is 5 years</i> . Go to Part 4. | |
| art | 4: 3 | Sign Below / | |
| | | By signing here, I declare under peralty of perjury that the information on this statement and in any attachments is true and correct. * /s/ Lucinda House Signature of Debtor 2 | |
| | | Cignature of Sector 2 | |
| | | Date 5/20/2016 Date MM/DD/YYYY MM/DD/YYYYY | |
| | on the same | If you checked 17a, do NOT fill out or file Form 122C-2. If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above. | data dia tampinana ya 2 miliana kwakimaga kwakimaga kwakimaga kwakimaga kwakimaga kwakimaga kwakimaga kwakimaga |
| | | | |

| Debtor 1 | Lucind Case 16-17842 First Name | Doc 1 Filed 05/27/16 Middle Name Docume Name | Entered 05/27/16 13:37:45 Page 76 of 77 | Desc Main |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part 4: | Sign Below | | 5 | |
| By sign | ing here, under penalty of perjury y | ou declare that the information on this st | atement and in any attachments is true and correc | ct. |
| | Lucinda House ature of Debtor 1 | rla/fourl | Signature of Debtor 2 | |
| Date | 5/20/2016 MM/DD/YYYY | | Date | |
| ************************************** | TO STATE OF THE ST | THE TEXTS STILL STANDARD TO THE AMERICAN PROPERTY OF THE STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD | | те се се температи на предостава на предостава на предостава на предостава на предостава на предостава на пред На предостава на предостава |

Case 16-17842 Doc 1 Filed 05/27/16 Entered 05/27/16 13:37:45 Desc Main

UNIPERUSTATIES BANGRUFTOY/COURT

Northern District of Illinois

| In re: | House, Lucinda | Casa No | Case No | | |
|-----------------------------------------------------------------------------------------------------------------|----------------|------------------------------------|------------------------------|--|--|
| | Debtor(s) | 0430 140. | | | |
| | | Chapter. Ch | apter13 | | |
| | VERIFICA | TION OF CREDITOR MATRIX | | | |
| The above named Debtors hereby verify that the attached list of creditors is true and correct to the best of th | | | the best of their knowledge. | | |
| | | | | | |
| Date: | 5/20/2016 | /s/ House Lucinda | ndalforde | | |
| | | House, Lucinda Signature of Debtor | • | | |
| | | 2.3. 4.4.0 07 20.00 | | | |